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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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/	Office Use Only	,



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SECRETARY OF STATE
AFTER A STATE OF THE ORIGINAL ASSESSMENT OR THE ORIGINAL ASSESSM

1. HARRIS

COVER LETTER

Division of	f Corporations			
Courty SUBJECT:	yards on the River, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Article	es of Amendment and fee(s) are submitted for filing.			
Please return all cor	respondence concerning this matter to the following:			
	Erica L. DeSanti, Esq.			
	Name of Person			
	Straley & Otto, P.A.			
Firm/Company				
	2699 Stirling Road, Suite C-207			
	Address			
	Fort Lauderdale, FL 33312			
	City/State and Zip Code			
	ELD@StraleyOttoPA.com E-mail address: (to be used for future annual report notification)			
For further informat	tion concerning this matter, please call:			
Erica L. DeSanti	954 9627367 at ()			
Na	ame of Person Area Code Daytime Telephone Number			
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fe	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &		

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE ALLAMASSEE

May 9, 2016

STRALEY & OTTO, P.A. ERICA L DESANTI, ESQ. 2699 STIRLING RD, STE. C-207 FORT LAUDERDALE, FL 33312

SUBJECT: COURTYARDS ON THE RIVER, LLC

Ref. Number: L14000157576

We have received your document for COURTYARDS ON THE RIVER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00009726

24 PH 3: 21

23/5 MAY 24 PM 1:45

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)		
Addition of Occasional to Control 18 18 18	(A Florida Limited Liability Company)	1		
Articles of Organization for this Limited	Liability Company were filed on _C	October 8, 2014	and a	ssigned
ida document number L14000157576				
amendment is submitted to amend the fo	llowing:			
f amending name, enter the new name	of the limited liability company l	<u>ıere</u> :		
_				
new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the a	bbreviation '	L.L.C."
er new principal offices address, if appl	icable:			
ncipal office address MUST BE A STRE	SET ADDRESS)			22
			277 3	
				
			(1) at	*** *****. * *
er new mailing address, if applicable:			<u> </u>	7
<u>iling address MAY BE A POST OFFICI</u>	<u> </u>			
			£.×	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Aron Elkaim		
		2125 Anchor Ct., Dania, FL 33312	■ Remove
			☐ Change
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n effective date	, if other than the date is listed, the date must be sp	pecific and cannot be	e prior to date of filing	opti or more than 90 days afte	r filing.) Pursuant to 605.02
te: If the da	te inserted in this block dective date on the Departs	oes not meet the	applicable statutory	filing requirements, thi	s date will not be listed
	out of the bepare	none or state 5 to			
record spe	ecifies a delayed effo	ective date, b	ut not an effecti	ve time, at 12:01	a.m. on the earlier
	ay after the record i			•	
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ted	pril 15	, <u>20</u>	16		
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	Signa	iture of a member	or authorized represen	tative of a member	
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Page 3 of 3

Filing Fee: \$25.00