L14000 141 159

(Req	questor's Name)	
(Add	lress)	
(Add	łress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900271521409

04/08/15--01020--025 **30.00

2015 APR -8 PM 3: 49
SECRETARY OF STATE

APR 22 2015 J. HARRIS

COVER LETTER

	Registration Section Division of Corporations		•
SUBJECT	r: 46 East	Property, e of Limited Ciability Company	LLC
The enclos	sed Articles of Amendment and fee(s)	are submitted for filing.	
Please retu	urn all correspondence concerning this	matter to the following:	
	Marle	ne. Bran	er
	Fried	bever Law Firm/Company	Firm_
		ckell Ave,	
	Miani	FL 3310 City/State and Zip Code	31
	mbr an	ddress: (to be used for future annual	report notification)
For furthe	r information concerning this matter, j	please call;	
Ma	viene Braner Name of Person	at (3 05)	536-1427 Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$25.0	0 Filing Fee \$30.00 Filing Fee Certificate of S	e & S55.00 Filing Fee tatus Certified Copy (additional copy is en	Certificate of Status &
	MAILING ADDRESS.	CTDEE	T/COUDIED ADDDESS.

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	operty, LLG	
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our rec rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 10/15	2014 and assigned
Florida document number <u>L14000161</u>	159	
This amendment is submitted to amend the following:	· :	
A. If amending name, enter the new name of the li	imited liability company here:	
	•	G
Route 46 East Px The new name must be distinguishable and end with the words	Limited Liability Company, the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		77 70
Enter new mailing address, if applicable:		SST CO
(Mailing address MAY BE A POST OFFICE BOX)		
Maining dutiess MATT DE ATTOM OF THEE BOTH	· · · · · · · · · · · · · · · · · · ·	27 <u>22</u>
		- 6
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·
New Registered Office Address.	Enter Florida street aa	ldress
		, Florida
_	City	Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Roger Fried baver	3 From Isle Dr	Add
		Unit 1704	□ Remove
		Miami FL 33133	_
AMBR	Barbara Friedbaser	3 Grove Isle Du	Add
		Unit 1704	Remove
		Miami FL 33133	
AMBR	Roger Friedbauer Trust	701 Brickell Ave Ste 205	⊘ □ Add
		Miami FL 33133	Remove
		701 Brickell Are Sto 2050	_
Anbr	Bar bara Friedbauer Tom	Miami FL 33133	_□ Add
			Remove
			_
			Add
			Remove
		TALLAN LAND	₹□ M dd
		HT A.S.	Remove:
			R 1
	Page 2	0.7	F (4)

	Formation, enter change(s) here: (Attach additional sheets, if necessary.
-	
fective date, if other tha	on the date of filing: (optional)
e effective date must be specifi	ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e date this document is filed by	ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after y the Florida Department of State)
e date this document is filed by	ic. cannot be prior to date of receipt or filed date and cannot be more than 90 days after y the Florida Department of State)
e effective date must be specifie date this document is filed by ated April	y the Florida Department of State)
e date this document is filed by	ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after y the Florida Department of State) Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

2815 APK - 8 PM 3: 49