Division of

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOLPHIN PARK OF COMMERCE III LLC

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B. BOSTICK

JAN 26 2015

Electronic Filing Menu Corporate Filing Menu

HelpEXAMINER

COVER LETTER

15 CCCC P6413

TO: Registration Section Division of Corporations Dolphin Park of Commerce III LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa Sosa, RE Paralegal Name of Person Leopold Korn, P.A. Firm/Company 20801 Biscayne Blvd., Suite 501 Address Aventura, FL 33180 City/State and Zip Code E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Sosa Name of Person Daytime Telephone Number

□ \$55.00 Filing Fee &

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(additional copy is enclosed)

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Enclosed is a check for the following amount:

S25.00 Filing Fee

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

STREET/COURIER ADDRESS:

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Certificate of Status & Certified Copy (additional copy is enclosed)

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOLPHIN PARK OF COM	MERCE III LLC		
(Name of the Limi	ted Liability Company as it now ar (A Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L14000194392</u>	iability Company were filed or	05/07/2014	and assigned
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	of the limited liability compan	v here:	
The new name must be distinguishable and end with the	words "Limited Liability Company,"	" the designation "LLC" or the abb	revistion "L.L.C."
Enter new principal offices address, if appli	cable:		0.3
(Principal office address MUST BE A STRE	ET ADDRESS)	LB	015
		The state of the s	(C) (C)
Enter new mailing address, if applicable:		m≺ n_	ة نب ب داري
(Mailing address MAY BE A POST OFFICE	BOX)	77	>
		# 100 1	ā U
		Çmi D	28
B. If amending the registered agent and registered agent and/or the new registered of		s on our records, enter th	e name of the ne
Name of New Registered Agent:	Robert Lechter		
New Registered Office Address:	4651 Sheridan Street,	Suite 335	
	Ente	r Florido street address	
	Holywood	, Florida 330	21
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		1
I hereby accept the appointment as register provisions of all statutes relative to the projaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete performanc istered agent as provided for registered office address, I h	e of my duties, arld I am fai in Chapter 605, F.S. Or, if	miliar with and this document is

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	Yury M. Vargas	2051 NW 112th Ave., Suite 111	□ Add
		Miami, FL 33172	Remove
MGR	Jhonny Maldonado	1911 NW 150 Avenue, Suite 201	
		Pembroke Pines, FL 33028	Remove
MGR	Jhonny Nepa	6010 NW 99 Avenue, Suite 111	
		Doral, FL 33178	Remove
MGR	Robert S. Lechter	4651 Sheridan Street, Suite 335	■ Add
		Hollywood, FL 33021	Remove
MGR	Benjamin Bitton	4651 Sheridan Street, Suite 335	2015salan SECTOR
		Hollywood, FL 33021	Remove T
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			□ Remove

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