L15000001553

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COVER LETTER

TO:	Registration : Division of C		•	**
CHD IE	LANDN	MARK RANCHES, LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		MARK ALHADEFF		
			Name of Person	
		THE ALHADEFF LA	W GROUP, P.L	
			Firm/Company	
		11900 BISCAYNE B	SLVD, SUITE 289	
			Address	
		MIAMI, FL 33177		
			City/State and Zip Code	
		MARK@ALHADEFFI		
		E-mail address: (1	to be used for future annual report noti	fication)
For furt	her information	concerning this matter, please ca	all:	
MAR	< ALHADE	F	786 618-9703	3
	Name	e of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for	the following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED 2015 JAN 27 AM II: 21

LANDMARK RANCHES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabilit	ty Company were filed on 01/05/2015	and assigned
Florida document number L15000001553	.	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
MARSON LANDMARK RANCHES, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, ent	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			□ Add
			□ Remove
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mending any other information, a	8.(7)	
		
ective date, if other than the date effective date must be specific, cannot be p date this document is filed by the Florida D	of filing: rior to date of receipt or filed date and cannot be be partment of State)	(optional) e more than 90 days after
date this document is filed by the Florida D	of filing: rior to date of receipt or filed date and cannot be epartment of State) 2015	(optional) e more than 90 days after
date this document is filed by the Florida D and JANUARY 23	epartment of State)	
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2015 JAN 27 AH II: 21