## U5000013175

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700272966267

2015 HAY 18 A 9: 11
SECRETARY OF STATE
MALLARAGETER, FERRITA

5 1915 TSURDONA CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	120000000	1195	
REFERENCE	:	632309	78	

AUTHORIZATION :

COST LIMIT : \$ \$5.00/

ORDER DATE: May 18, 2015

ORDER TIME : 10:54 AM

ORDER NO. : 632309-005

CUSTOMER NO: 7821110

## DOMESTIC AMENDMENT FILING

NAME: ALIGNED BAYSHORE RAW BAR LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 62951

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIGNED BAYSHORE RAW BAR LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L15000013175	ny were filed on January 23, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	shilitu aamnany hara	
A. If amending name, enter the new name of the named ha	tomy company nere:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abb	eviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	25 (A)	2015
	المراجعة الم	
	225	
Enter new mailing address, if applicable:		ထ <sup>န</sup>
Mailing address MAY BE A POST OFFICE BOX)		<b>→</b>
	RA	ي ي
	Dril K	<del>-</del>
3. If amending the registered agent and/or registered		ne name of the
egistered agent and/or the new registered office address he	ere:	
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 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
AMBR	Borghese Naples I, L.L.C	2000 Island Blvd., Unit 407	□ Add
		Aventura, FL 33160	■ Remove
			☐ Change
AMBR	JBH Naples, LLC	1450 Brickell Avenue, Suite 1560	
		Miami, FL 33131	≅ Remove
			Change
AMBR	Windward Trust	c/o 1450 Brickell Ave, Suite 1560	
	Miami, FL 33131	<b>≅</b> Remove	
		Change	
			Add  Remove
		Change	
		_	□ Remove
			Change
		Add	
			Remove

	· · · · · · · · · · · · · · · · · · ·	w.					
				· · · · · · · · · · · · · · · · · · ·	***************************************		
~ 4M4(),00896		<u></u>			and the state of t		
<del></del>	······································						<del></del>
		<u> </u>					<del>,</del>
war and high spiking to u. 20, war		<del>,</del>	and the second s			<del>*************************************</del>	
To so the second			<del></del>			aran aran aran aran da	la nd. co. va
			<del></del>				
					Freys	2	
b	_				1950	3	**********
			<u></u>		257	<del>-</del>	
					- 4:33 	8	
Activities		4 × × × × × × × × × × × × × × × × × × ×			n <sub>ci</sub>	D	
						÷	
					S.u.	> -	
				<del></del>			<del></del>
ffective date, if other than on efficient date is listed, the date	the date of file	ing:	na ásia a Ffilin	o or nave them ill	(optional	) n 'i Pureur	mt to የሶና በን፣
<u>Cate:</u> If the date insected in th	is block does no	t meet the applic	cable statutory	ាំពីពីខេត្ត ខេត្តបរិវិទិត	ients, this dat	e will no	н be listed a
lucument's effective date on t	ae iyelartineni o	1 State 5 records	••				
e record specifies a dela	aved effective	date, but no	ot an effect	ive time, at	12:01 a.m.	on the	e carlier c
The 90th day after the				•			
May i8		2015					
pated May 18			•				
		Z					
y Com	12 A. 7	للمناث					

Page 3 of 3

Filing Fee: \$25.00