

04/08/2015 10:59 FAX

LEOPOLD KORN LEOPOLD SNY

001/005

Division of Corporations

Page 1 of 2

L15000034286

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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915A00006912
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : 120010000025
Phone : (786)899-2235
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Email Address: jeremybedzow@gmail.com

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLL LAND HOLDINGS LLC

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BUREAU OF CORPORATIONS
INFORMATION SERVICES

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04/08/2015 11:00 FAX

LEOPOLD KORN LEOPOLD SNY

002/002

850-G17-6381

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April 8, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLL LAND HOLDINGS LLC
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180US

SUBJECT: FLL LAND HOLDINGS LLC
REF: L15000034286

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000085469
Letter Number: 915A00006912

15 APR -8 AM 10:00

BUREAU OF COMMERCIAL
INFORMATION SERVICES

850-245-6984

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -8 PM 12:29

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04/08/2015 10:59 FAX

LEOPOLD KORN LEOPOLD SNY

005/005

850-617-6381

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April 8, 2015

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Division of Corporations

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20801 BISCAYNE BOULEVARD
SUITE 501
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APR -8 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -8 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

850-245-6984

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H15000086504 3)))

FLL LAND HOLDINGS 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 Liability Company were filed on FEBRUARY 24, 2015 and assigned Florida document number L15000034286.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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

(((H15000086504 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL BEDZOW	20801 BISCAYNE BLVD., SUITE 501	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
MGR	JEREMY BEDZOW	20801 BISCAYNE BLVD., SUITE 501	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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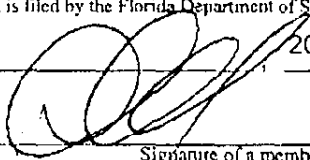
(((H15000086504 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 7 2015



Signature of a member or authorized representative of a member

GARY A. KORN, ESQ.

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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