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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : 120010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

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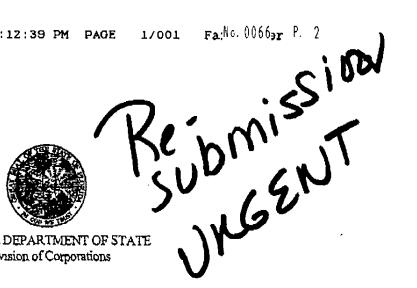
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## COVER LETTER

TO:	Registration So Division of Cor			
GUID	FLL LAND	HOLDINGS LLC		
SUB	JECX:	Name of Limi	ted Liability Company	
The	enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		GARY A. KORN, ESQUI	RE	
			Name of Person	
		LEOPOLD KORN, P.A.		
			Finn/Company	
		20801 BISCAYNE BLVD	., SUITE 501	
		<del></del> ,	Address	
		AVENTURA, FLORIDA	33180	
			City/State and Zip Code	
		JBEDZOW@CEBAGROU		
			to be used for future annual report notifi	cation)
For:	further information c	oncerning this matter, please ca	all:	
TE	RRI SLACHTER		305 935-3500 EX	T 242
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enci	losed is a check for th	ne following amount:		
	\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (**dditional 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



November 15, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

LEOPOLD KORN & LEOPOLD, P.A.

SUBJECT: FILL LAND HOLDINGS LLC

REF: W16000077315

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II FAX Aud. #: H16000280505 Letter Number: 516A00024504

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H16000282457 3)))

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 contain the words "Limited Liability Company," the dasignation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailting address, if applicable:  (Mailting address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name diffice were registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida arrest oddress  Enter Florida Treet oddress  Florida  Tip Code	(Name of the Limited Lishility Con (A Florida Limit	npany as it now appears ed Liability Company)	on our records.		
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 contain 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)  If:  Description of New 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 oddress  Florida  Zip Code	The Articles of Organization for this Limited Liability Compa	iny were filed on Febr	ruary 24, 2015 and assigned	ŀ	
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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 oddress  Enter Florida street oddress  Enter Florida	This amendment is submitted to amend the following:				
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•		City	, Florida Zin Code		
New Registered Agent's Signature, if changing Registered Agent:	•	•	any was		

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

(famendie	(((H160002824573)))					
or temoned	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:					
MGR = M AMBR = A	lanager .uthorized Member					
<u> Fitle</u>	Name	Address	Type of Action			
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If amending any other information, enter change(s) here: (Attach additional shee	(((H16000282457 3)))		
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	(optional) ) days after filing.) Pursuant to 6 ments, this date will not be li	i05.0207 (3 isted as th	)(b) c
	12:01 a.m. on the ear	fier of:	
the record specifies a delayed effective date, but not an effective time, at ). The 90th day after the record is filed.			
The 90th day after the record is filed.			
The 90th day after the record is filed.		5	
Dated November 14, 2016		TO W	e.
The 90th day after the record is filed.	Xet		
Dated November 14, 2016	Det	TO W	

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Filing Fee: \$25.00

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