

L150000 80845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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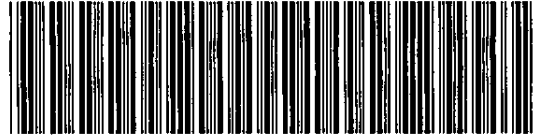
(Business Entity Name)

(Document Number)

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15 JUL 23 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 24 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 30 TRAPPERS CABINS, LLC

\_\_\_\_\_  
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:

DATAN Z. DOROT, ESQ.

\_\_\_\_\_  
Name of Person

DOROT & BENSIMON PL

\_\_\_\_\_  
Firm/Company

2775 SUNNY ISLES BOULEVARD

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33160

\_\_\_\_\_  
City/State and Zip Code

INFO@DOROTBENSIMON.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DATAN DOROT

305 9219421  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed 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**

30 TRAPPERS CABINS, 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 MAY 7, 2015 and assigned Florida document number L15000080845.

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)

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CLERK OF CIRCUIT COURT  
DADE COUNTY FLORIDA

**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: DORBEN CORPORATE SERVICES, LLC

New Registered Office Address: 2775 SUNNY ISLES BOULEVARD, SUITE 118

*Enter Florida street address*

NORTH MIAMI BEACH, Florida 33160

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDOUARD LIBESSART	5825 SW SUNSET DRIVE	<input type="checkbox"/> Add
		STE 207	<input checked="" type="checkbox"/> Remove
		SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change
MGR	FLORIDA EASTERN DEVELOPMENT HOLDINGS, LLC	5825 SW SUNSET DRIVE	<input checked="" type="checkbox"/> Add
		STE 207	<input type="checkbox"/> Remove
		SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change
AR	RUSSELL JACOBS	20700 WEST DIXIE HIGHWAY	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE  
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