

4500082278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

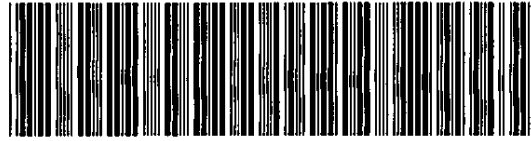
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DOROT & BENSIMON PL
A T T O R N E Y S A T L A W

ESTATE PLANNING • INTERNATIONAL & DOMESTIC TAX • ASSET PROTECTION • TAX CONTROVERSY • PROBATE

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(T) 305.921.9421
(F) 305.395.3978

June 9, 2017

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: REMOVAL OF MANAGER FOR 33 PROMONTORY RIDGE, LLC

Dear Sir or Madam:

The following entity is filing Articles of Amendment to its Articles of Organization to remove a Manager:

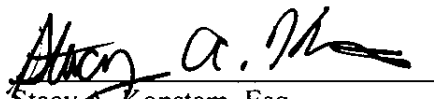
33 PROMONTORY RIDGE, LLC, a Florida limited liability company- Document Number L15000082278

Enclosed you will find the items needed to remove the manager including;

1. Cover letter;
2. Articles of Amendment to Amend the Articles of Organization originally filed on April 25, 2015; and
3. One check, ending in 2024 for \$25.00 to pay the filing fees for the above listed entity's Articles of Amendments.

Thank you in advance for your attention to this matter. If you have any questions regarding this letter and the enclosed documentation, please do not hesitate to contact me by telephone at (305) 921-9421.

Sincerely,
DOROT & BENSIMON PL


Stacy A. Konstam, Esq.
For the Firm

Enclosures// (5 pages excluding this page and 1 checks)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 33 PROMONTORY RIDGE, 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 DOROT

Name of Person

DOROT & BENSIMON PL

Firm/Company

20295 NE 29TH PLACE, STE 201

Address

AVENTURA, FL 33180

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

Name of Person

at (**305**) **921-9421**

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**

33 PROMONTORY RIDGE, 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 05/08/2015 and assigned Florida document number L15000082278.

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

_____, Florida _____

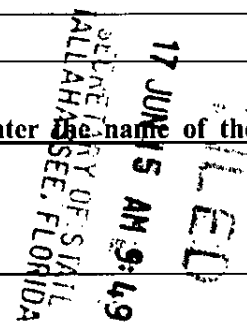
City

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, 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 C. SWAN	P.O. BOX 981685	<input type="checkbox"/> Add
		PARK CITY UTAH, 84098	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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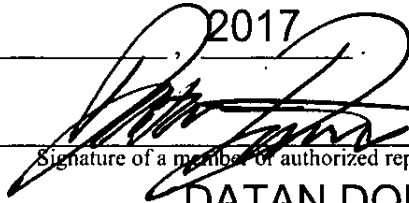
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 JUNE 6

2017



Signature of a member or authorized representative of a member

DATAN DOROT

Typed or printed name of signee

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TALLAHASSEE, FLORIDA