

05/12/2016 12:15 FAX

Division of Corporations

LEOPOLD KORN LEOPOLD SMY

200P/000

Page 1 of 2

# L15000101669

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000118031 3)))



H160001180313ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : I20010000025  
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

Email Address: tslachter@leopoldkorn.com

FILED  
16 MAY 12 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BROWARD COUNTY LAND HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2216 MAY 12 AM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 13 2016

Electronic Filing Menu

Corporate Filing Menu

Y. SULKER  
Help

## COVER LETTER

(((H16000118031 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: BROWARD COUNTY LAND HOLDINGS LLC, a Florida limited liability company  
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:

GARY A. KORN

Name of Person

LEOPOLD KORN, P.A.

Firm/Company

20801 BISCAYNE BLVD., SUITE 501

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

TSLACHTER@LEOPOLDKORN.COM

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

For further information concerning this matter, please call:

TERRI SLACHTER

305  
at ( )

935-3500 X 242

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

(((H16000118031 3)))

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

(((H16000118031 3)))

BROWARD COUNTY LAND HOLDINGS LLC, a Florida limited liability company

(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 JUNE 10, 2015 and assigned  
Florida document number L15000101669.

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 "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 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:

(((H16000118031 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEREMY BEDZOW	621 S Federal Hwy, Suite #5	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARYN SINGERMAN	20801 Biscayne Blvd., #501	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 MAY 12 AM 9:17  
 CLERK OF CIRCUIT  
 IN DADE COUNTY  
 FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((H16000118031 3)))

E. Effective date, if other than the date of filing: MAY 10, 2016 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MAY 12 2016

Signature of a member or authorized representative of a member

GARY A. KORN, ESQUIRE

Typed or printed name of signee