9/5/2017

Division of Corporations

Flörida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAS 208 PROPERTY INVESTMENTS, LLC

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COVER LETTER

I'O: Registration So Division of Cor			
CAS 208 P	ROPERTY INVESTMENTS,	LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	Adam R. Schiffman, Esqu	iire	
		Name of Person	
	The Schiffman Law Grou	p, P.A.	
		Firm/Company	
	2875 N.E. 191 Street, Sui	te 500	
		Address	
	Aventura, FL 33180		<u></u>
		City/State and Zip Code	- <u>-</u>
	adam@realatty.net	(to be used for future annual report not	heation)
			,
	concerning this matter, please		
Adam R. Schiffman, E.	squire	305 682-1328 ai ()	
Nane	of Person	Area Code Daysin	ne Telephone Numher
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	orations
Tallahassee, FL 32314		Zobi Executive C	

To: 18506176383 From: 13056820063 Date: 09/05/17 Time: 2:31 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAS 208 PROPERTY INVESTMENTS, L	LLC	
(Name of the United Llah	llity Company as it now appears of ida Limited Liability Company)	mue records.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L15000179347	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	inited liability company here	:
ľ		
The new name must be distinguishable and contain the words "L	limited Liantity Company," the desi-	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
İ		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	egistered office address on o	our records, enter the name of the new
registered agent and/or the new registered office a	iddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
Hew Mediately Diller Manager.	Enter Florid	a street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Regist	lered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere heing filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete performance of n id agent as provided for in Cl stered office address, I hereby	y duties, and I am familiar with and interpreted to the same of this document is
		T T
	If Changing Registered Ago	nt, Signature of New Registered Asont
	Page 1 of 3	SF F1.0F

To: 18506176383 From: 13056820063 Date: 09/05/17 Time: 2:31 PM Page: 04/05

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

Title	Name	Address	Type of Action
MGR	Premier Business	2875 NE 191 Street	₩ Add
	Management, LLC	Suite 500	☐ Remove
		Aventura, FL 33180	Change
MGRM F	KL Investments Corp.	2875 NE 191 Street	
		Suite 500	⊟ Remove
	İ	Aventura, FL 33180	Change
			D Add
			Remove
			Change
	1		Remove
			□ Change
			D Add
			🗆 Remove
			Z S Z Change
			COMPRESE FILED APRILED APRIL
			OR G'Charge

To: 13506176383 From: 13056820063 Date: 09/05/17 Time: 2:31 PM Page: 05/05 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)
(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 ub) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. September 5 Dated Signature of a member or authorized representative of a member Adam R. Schiffman Typed of printed name of signer Page 3 of 3

Filing Fee: \$25.00

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