

L15000204692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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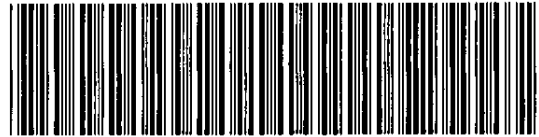
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GOLANI BAYS, LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
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____ Corp Record Search _____
____ Officer Search _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
FOR
GOLANI BAYS, LLC

The Articles of Organization for this Limited Liability Company were filed on December 11th, 2015 and assigned Florida Document number L15000204692

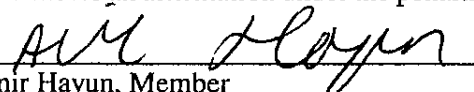
This amendment is submitted to Amend Article V of the original Articles of Organization to remove the following as Manager:

<u>NAME</u>	<u>ADDRESS</u>
GOLANI INVESTMENTS, LLC, A A DELAWARE LIMITED LIABILITY COMPANY	1355 WEST 44TH PLACE SUITE 100 HIALEAH, FL 33012

and to add the following as Manager:

<u>NAME</u>	<u>ADDRESS</u>
INFINITY PROPERTY MANAGEMENT, INC. A FLORIDA CORPORATION.	1355 WEST 44TH PLACE SUITE 100 HIALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned executed the foregoing Amendment to Articles of Organization this 17 day of December, 2015. (In accordance with Section 605.0203 (1)(b) Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Amir Hayun, Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was sworn to and subscribed before me in the County and State last aforesaid, this 17 day of December, 2015 by Amir Hayun as a member of GOLANI BAYS, LLC who personally appeared before me at the time of notarization and ~~who~~ who is personally known to me or ☐ who has produced (type of identification) _____ as identification.

My Commission Expires:



Mercedes Watler
NOTARY PUBLIC (SEAL)
(print name) MERCEDES WATLER

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