L1600000093

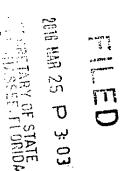
(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bi	isiness Entity Nam	re)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





500283591445

03/25/16--01020--019 **30.00



MAR 2 8 2016

S MASON

COVER LETTER

" Division of C	orporations			
PINES F SUBJECT:	OINCIANA PLAZA INVESTM	ENTS, LLC		
Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Jason Lazar			
Name of Person				
	INCIANA PLAZA INVESTMENTS, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Jason Lazar Name of Person Investments Limited Firm/Company 215 N Federal Highway Address Boca Raton, FL 33432 City/State and Zip Code jlazar@investmentslimited.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: of Person at (
		Firm/Company		
	215 N Federal Highway			
		Address		
	Boca Raton, FL 33432			
		·		
			*	
For further information		•	ication)	
Jason Lazar		· · · · · · · · · · · · · · · · · · ·		
Nam	e of Person		: Telephone Number	
Enclosed is a check fo	r the following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS:

TO:

Registration Section

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

PINES POINCIANA PLAZA INV			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	s on our records.)
The Articles of Organization for this Limited L	Liability Company	were filed on 12/	29/2015 and assigned
Florida document number L16000000293			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		215 N Federal H	lighway
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL	33432
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		215 N Federal H	ighway
		Boca Raton FL 33432	
3. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on e:	our records, enter the name of the no
Name of New Registered Agent:	Jason M. Lazar	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	215 N Federal	Highway	
		Enter Flori	da street address
	Boca Raton		, Florida ³³⁴³²
		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 Begistered Agent

 ${f \sigma}$

Page 1 of 3

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>	Type of Action
MGR	POINCIANA PLAZA, BR, LP	289 NE 2ND AVENUE	
		DELRAY BEACH, FL 33444	_■ Remove
MGR ——–	James H. Batmasian	215 N Federal Highway	= Add
		Boca Raton, FL 33432	Remove
			Change
		-	Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
			Remove Change SCHOOL Add Remove

•					

				,	
					
•					
 					
lote: If the date inserted ocument's effective date	in this block does not me on the Department of Sta delayed effective de	cannot be prior to date of filing or eet the applicable statutory fi ate's records.	ling requirements, thi	s date will not bε	listed as
March 3	,	2016			
 	Signatur of a m	ember or authorized representat	ve of a member	TO THE TOTAL PROPERTY OF THE TOTAL PROPERTY	— į į
	Jam	N RI	. 1	A 25 TARY	Caramata mana
	Jan	CSV Da+Masia Typed or printed name of signee			- M
				STAT	
		Page 3 of 3		REF 03	

Filing Fee: \$25.00