

L16000047558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

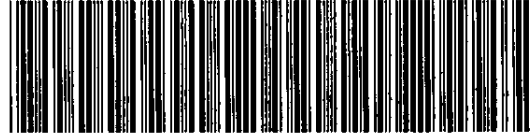
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

R.A. sign

Office Use Only



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06/10/16--01032--023 **25.00

2016 JUN 24 P 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
JUN 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2016

MARI DEMADALER
7745 DAWSON COURT
LAKE WORTH, FL 33467

SUBJECT: 5329 BAYSIDE CT LLC
Ref. Number: L16000047558

We have received your document for 5329 BAYSIDE CT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 016A00012467

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5329 BAYSIDE CT, 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:

MARI DEMADALER

Name of Person

5329 BAYSIDE CT, LLC

Firm/Company

7745 DAWSON COURT

Address

LAKE WORTH, FL 33467

City/State and Zip Code

MARI@PRODIGYCAP.COM

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

For further information concerning this matter, please call:

MARI DEMADALER

561 855-2037 XT 303

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

5329 BAYSIDE CT, 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 3/7/2016

Florida document number L16000047558

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7741 N. MILITARY TRAIL STE 1

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7741 N. MILITARY TRAIL STE 1

PALM BEACH GARDENS, FL 33410

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:

BRIGHTLITE HOMES, LLC

New Registered Office Address:

7741 N. MILITARY TRAIL STE. 1

Enter Florida street address

PALM BEACH GARDENS

City

, Florida 33410

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.

(Signature)
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALAN BIAS	7741 N. MILITARY TRL STE. 1	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STUART HANKIN	7741 N. MILITARY TRL STE. 1	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK OF STATE
 PALM BEACH COUNTY, FLORIDA

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

JUST NEED TO REMOVE MGR CURRENTLY ON LLC AND REPLACE/ADD STUART HANKIN

E. Effective date, if other than the date of filing: 4/6/2016 (optional)

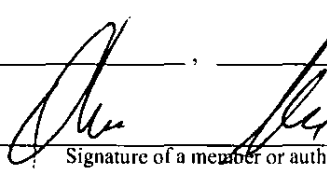
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated _____



Signature of a member or authorized representative of a member

ALAN BIAS

Typed or printed name of signee

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2016 APR 20 P 4:41
SECRETARY OF STATE
FLORIDA