Page 1 of 2

TALLARASSEE, FLORIDA **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 207 FLORIDA REALTY ASSOCIATES LLC

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5/13/2016

## **COVER LETTER**

TO: Registration S Division of Co					
207 Florid	la Realty Associates LLC				
	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sultondence concerning this matter				
	Nicole M. Villarroel	• .			
		Name of Person			
	Hackleman, Olive & Judd	, P.A.		<u></u>	Σs
	<del></del>	Firm/Company		5 3	CR CR
Firm/Company  2426 East Las Olas Boulevard					
		Address	<u> </u>		333
	Fort Lauderdale, Florida 3	3301		8H 9:	50
	nvillarroel@hojlaw.com	City/State and Zip Code		0	O.L.
		to be used for future annual report notific	cation)		15-
For further information of	concerning this matter, please c	all:			
Nicole Villarroel		954 334-2250			
Name o	f Person	at ( ) Daytime '	Telephone Number		
Enclosed is a check for the	ne 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 Piling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

5/13/2016 3:50:41 PM From: To: 8506176383( 3/5 )

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

207 Florida Realty Associates LLC				
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records ed Liability Company)	ر.		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16000055769</u>	my were filed on March 18, 2016	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		16 ALL		
* *		<b>5</b> 28		
(Principal office address MUST BE A STREET ADDRESS)		- 8		
Enter new mailing address, if applicable:		<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:	office address on our records, ere:	enter the name of the new		
New Registered Office Address:				
,	Enter Florida street address			
,	, Florida			
D. Butter I.A. of Charles of Landy Buddened Access	•	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<del>_</del>			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	nte performance of my duties, and as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is		
IIC	hanging Registered Agent, <u>Signature o</u> l	New Registered Agent		

5/13/2016 3:50:41 PM From: To: 8506176383( 4/5 )

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	<u>Name</u>	Address	Type of Action
AMBR	Maurice Mann	3100 N. Ocean Blvd., Ste. 2810	
		Fort Lauderdale, Florida 33301	■ Remove
			☐ Change
MGR	Maurice Mann	3100 N. Ocean Blvd., Stc. 2810	
		Fort Lauderdale, Florida 33301	Remove
			Change
			O Add 9:
			☐ Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change

5/13/2016 3:50:41 PM From: To: 8506176383( 5/5 ) 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: May 13, 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. ionature of a member or authorized representative of a member

Page 3 of 3

lyped or printed name of signee

Mann

Filing Fee: \$25.00