Florida Department of State

Division of Corporations **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 : FCA00000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

Email	Address	:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 217 FLORIDA REALTY ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

MAY 1 6 2016

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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TO:			Section Corporations	•	·		
SUBJEC	CT:	217 Flor	rida Realty Associa	tes LLC			
				Name of Lim	ited Liability Company		
The encl	osed	Articles	of Amendment and	l fec(s) are sub	mitted for filing.		
Please re	turn	all corre	spondence concern	ing this matter	to the following:		
			Nicole M. V	/illarroel			
					Name of Person		
			Hackleman,	Olive & Judd,	P.A.		
					Pirm/Company		
			2426 East L	23 Olas Boulev	ard .		
					Address		
			Fort Laudere	dale, Florida 33	3301		•
					City/State and Zip Code	 _ _	
			nvillarrocl@f	-			
			E	-mail address: (te	o be used for future annual r	eport notification	n)
For furthe	er in:	formation	n concerning this m	atter, please ca	ll:		
Nicole V	'illar	roel			954 334 Area Code	-2250	
		Name	e of Person		Area Code	Daytime Tele	phone Number
Enclosed	is a	check for	r the following amo	ount:			
\$25.0	00 Fi	ling Fee	□ \$30.00 Fili Certificat	ng Fee & e of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$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

5/13/2016 3:51:18 PM From: To: 8506176383(3/5)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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March 18, 2016 and assigne	ed
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Florida street address	
, Florida	
Zip Code	
	on our records, enter The name of a

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 Registered Agent

5/13/2016 3:51:18 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

<u>Title</u>	Name	Address	Type of Action
AMBR	217 Realty Associates LLC	30 Maidstone Drive, Box 250	
		Amagansett, New York 11930	■ Remove
	·		Change
MGR	Maurice Mann	3100 N. Ocean Blvd., Stc. 2810	
		Fort Lauderdale, Florida 33301	□ Remove
			Change
		· .	Add
			☐ Remove
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		. ,	SE CO
			Remove
			Change
	· ·		
			Remove
			Change

5/13/2016 3:51:18 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)

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