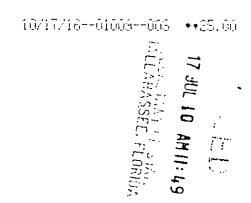
# L16000120281

(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.

Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2016

DAVID MESSENGER 150 WEST FLAGLER STREET STE 2200 MIAMI, FL 33133

SUBJECT: BIRD DRIVE MITIGATION LLC

Ref. Number: L16000120281

We have received your document for BIRD DRIVE MITIGATION 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 816A00022279

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Sec Division of Corp			
	Mitigation LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	David Messenger		
		Name of Person	
	Steams Weaver Miller et al	l	
		Firm/Company	
	150 West Flagler Street, Su	nite 2200	
	<u> </u>	Address	
	Miami, Florida 33133		
		City/State and Zip Code	
	susan@greenwaldgroup.com	n to be used for future annual report notific	estion)
			anon
For further information c	oncerning this matter, please ca		
Susan Robinson		305 667-2225 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE Registration Section	

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bird Drive Mitigation LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	Ez on Oil Lecorns.
The Articles of Organization for this Limited Liability Company were filed on $\frac{J_{\rm L}}{J_{\rm L}}$	une 22, 2016 and assigned
Florida document number L16000120281	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	gere:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address	on our records, enter the name of the ne
registered agent and/or the new registered office address here:	AM TO
	7. <b>1.</b> 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Name of New Registered Agent:	
New Registered Office Address:  Enter F	lorida street address
	, Florida
	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 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>	Type of Action
MGR	Scott A. Greenwald	7301 SW 57th Court	∰ Add
		Suite 565	□ Remove
		South Miami, Florida 33143	☐ Change
			□ Add
			☐ Remove
			Remove
			☐ Change
			Add
			TI Rame
			Change Change
			☐ Remove
			Change
		·	Remove
			Change

) 7	7.1	2/	2017	2:27	PM	FAX	3056612289-

GREENWALD	GROUP
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② 0005/0005

If amending any other information, enter change(s) here: (Attach additional sheets, if	
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	<u></u>
	<u>5°</u> ;
•	₩. <b>61</b>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da  Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional)  ays after liling.) Pursuant to 605,0207 ( ints, this date will not be listed as t
the record specifies a delayed effective date, but not an effective time, at 12 b). The 90th day after the record is filed.	2:01 a.m. on the earlier of
September 14 2016	
Dated	
Sunature of a member or authorized representative of a member	•
VINCENT PRIEST	

Page 3 of 3

Filing Fee: \$25.00