

L17000020837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

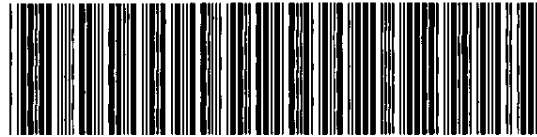
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/16/17--01001--008 \*\*30.00

RECEIVED  
DEPARTMENT OF STATE  
17 MAR 15 AM 3:40

FILED  
2017 MAR 15 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. MILLIGAN  
MAR 15 2017

March 15, 2017

Division of Corporations  
Clifton Building  
Tallahassee, FL

Dear Secretary of State:

Please file the attached Amendment to Articles of Organization for:

**BREF 1900 LLC**

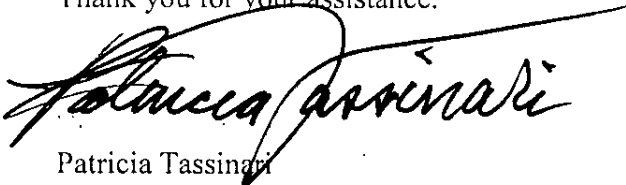
**DOCUMENT NUMBER: L17000020837**

A check in the amount of \$30.00 is provided to cover the filing fee and certificate of good standing for this filing.

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Also provided, is another check in the amount of \$30.00 to cover the cost of obtaining certified copies of all Articles and Amendments filed in the listed limited liability companies, **including the amendment listed above.**

Thank you for your assistance.



Patricia Tassinari

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BREF 1900 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 26, 2017 and assigned  
Florida document number L17000020837

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 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	Butters Manager LLC	6820 Lyons Technology Circle	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Coconut Creek, Florida 33073	<input type="checkbox"/> Change
MGR	Butters Manager II LLC	6820 Lyons Technology Circle	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Coconut Creek, Florida 33073	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 March 8, 2017

Signature of a member or authorized representative of a member

## Malcolm Butters

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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TALLAHASSEE FLORIDA