## L1700011940

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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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S. WARREN JUN 1 6 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor		ý	
SUBJI	ST JAMES	PLACE PHASE IV, LLC		
2011	<u> </u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Irene B. Reed		
			Name of Person	,
		Closings.Com		
			Firm/Company	
		1124 Kane Concourese		
			Address	
		Bay Harbor Islands, Florid	la 33154	
		irene@Closigns.Com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Irene E	3. Reed		305 861-8000 at ( )	
-	Name of	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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**

ST JAMES PLACE PHASE IV, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
(11 Tollas Billings	Endomity Company)
The Articles of Organization for this Limited Liability Company	were filed on MAY 31, 2017 and assigned
Florida document number L17000119409	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
N.A	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16850 Collins Avenue, #112
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, Florida 33160
Enter new mailing address, if applicable:	16850 Collins Avenue #112
(Mailing address MAY BE A POST OFFICE BOX)	Sunny Isles Beach, Florida 33160
And the state of t	
B. If amending the registered agent and/or registered of 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:	

## 3

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 Kgent

Page 1 of 3

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>	Address	Type of Action
AMBR	SAM LUPOWITZ (Lupowitz LLC)	10155 Collins Avenue #1404	
		Bal Harbour Florida 33154	■ Remove
			Change
AMBR	TAREK KIRSCHEN	16850 Collins Avenue #112	■ Add
		Sunny Isles Beach, Florida 33160	☐ Remove
			Change
			□ Add
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JUNE 9		, 2017	<u>/</u> .					
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<u>-</u>	gnature of a	member or at	thorized renres	entative of a me	mber		<u> </u>	Τ)

Page 3 of 3
Filing Fee: \$25.00