

L17000224719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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18 SEP -7 PM 4:23

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18 SEP -7 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

SEP 10 2007

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 378246 7446854
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : September 7, 2018
ORDER TIME : 3:29 PM
ORDER NO. : 378246-010
CUSTOMER NO: 7446854

DOMESTIC AMENDMENT FILING

NAME: DAVIE JV LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Devie JV LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Florio
Name of Person

Goodkind & Florio, P.A.
Firm/Company

8461 SW 144 Street
Address

Palmetto Bay, FL 33158
City/State and Zip Code

Kenneth@goodkindflorio.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Florio at (756) 713-5817
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Davie JV LLC

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

FILED
18 SEP -7 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/30/17 and assigned
Florida document number L17000224719.

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)

135 San Lorenzo Avenue

Suite 770

Coral Gables, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

135 San Lorenzo Avenue

Suite 770

Coral Gables, FL 33146

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: TM Real Estate Group, LLC

New Registered Office Address: 135 San Lorenzo Avenue, Suite 770

Enter Florida street address

Coral Gables, Florida 33146

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	Luz Naugle	8240 SW 48th Court	<input type="checkbox"/> Add
		Davie, Florida 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TM Davie, LLC	135 San Lorenzo Avenue	<input checked="" type="checkbox"/> Add
		Suite 770	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	<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"/> Remove
			<input type="checkbox"/> Change

18 SEP -7 AM 8:02
 ST. CLAIR COUNTY
 CLERK OF COURT
 TALLAHASSEE, FLORIDA

FILED

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

FILED
18 SEP -7 AM 8:05
U.S. DISTRICT COURT
SOUTHERD DISTRICT
TALLAHASSEE, FLORIDA

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 September 7, 2018

[Handwritten signature]

Signature of a member or authorized representative of a member

Kenneth R. Florio

Typed or printed name of signee