9/11/2018



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Division of Corporations

Fax Number : (350) 617-6383

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE 4 MOCARSKI PA

Account Number : 076424000767 Phone : (305)442-3334 : (305)443-3292 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MURANO AT THREE OAKS ASSOCIATES, LLC

Certificate of Status	0
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Page Count	01
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COVER LETTER

SUBJECT:	MURANO AT THREE OAKS A	ASSOCIATES, LLC			
Name of Limited Liability Company					
The enclosed Article	es of Amendment and fee(s) are sul	omitted for filing.	1 .		
Please return all cor	respondence concerning this matter	to the following:			
	OSCAR R. RIVERA				
		Name of Person	-		
	SIEGFRIED, RIVERA, H MARS & SOBLE, P.A.	YMAN, LERNER, DE LA TORRE			
		Firm/Compuny			
	8211 WEST BROWARD	BOULEVARD, SUITE 250			
		Address			
	PLANTATION, FLORID	A 33324			
	orivera@srhl-law.com	City/State and Zip Code	40-		
	E-mail address:	to be used for future annual report notice	ication)		
For further informat	ion concerning this matter, please o	all:			
OSCAR R. RIVER.	۸	954 781-1134			
N _i	une of Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a check	for the following amount:				
■ \$25,00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NO AT THREE OAKS ASSOC	
(Abine of the 17th	alted Liability Company as it no (A Planida Cimiled Liability Co	aobsu) a abheals ou not tecotor)
The Articles of Organization for this Limited Horida document number L18000194605	Liability Company were file	d on AUGUST 14, 2018 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability com	pany bece:
The new name must be distinguishable and commin the	words "Limited Liability Compan	ny," the designation "LLC."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	·
3. If amouding the registered agent and registered agent and		ress on our records, enter the name of th
Name of New Registered Agent:	ELIAS VASSILAROS	
	703 WATERFORD WAY	
Name of New Registered Agent:	703 WATERFORD WAY	F, SIJITE 800 Fater Florido street address , Florida 33126-4677

New Registered Agent's Signature, if changing Registered Agent:

٠ : .

I hereby accept the appointment as registered ugent 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, Seastpre of New Registered Agent

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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>l'itle</u>	Name	Address	Type of Action
MGR	COURTELIS COMPANY	703 WATERFORD WAY, #800	Add
		MIAMI, FLORIDA 33126	Remove
			□ Change
MGR	COURTELIS MURANO TOP ASSOCIATES, LLC	703 WATERFORD WAY, #800 MIAMI, FLORIDA 33126	■ Add
			Remove
			☐ Change
			Remove
			Change
			Remove
	•		Change
			Add
			☐ Remove
			Change
			Remove

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From 9544652590 1.954.465.2590 Thu Sep 13 13:19:21 2018 MDT Page 6 of 6 上川8000260~

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		<u> </u>		
ctive date, if other than the date effective date is listed, the date must be s	e of filing:	A. 4-4 F-835	(optional)	
if the date inserted in this block of ment's effective date on the Depart	does not most the applica	able stammery filing re	agairements, this date wi	Il not be listed
ecord specifies a delayed eff se 90th day after the record	fective date, but no is filed.	t an effective tim	e, at 12:01 a _i m, on	i the earlier
d	. 2018	211		
S:ga	state of a member of author	mizzod representative of	1 Healthcar	
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Filing Fee: \$25.00

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