## 1190000 44678

| (R                      | Requestor's Name)      |          |
|-------------------------|------------------------|----------|
| A)                      | ddress)                |          |
| A)                      | ddress)                |          |
| (C                      | Sity/State/Zip/Phone # | )        |
| PICK-UP                 | ☐ WAIT                 | MAIL     |
| (E                      | Business Entity Name   | )        |
| (E                      | Ocument Number)        | ·····    |
| Certified Copies        | Certificates of        | f Status |
| Special Instructions to | o Filing Officer:      |          |
|                         |                        |          |
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## **COVER LETTER**

|                | gistration Section of Corp |  |   |   |           |            |
|----------------|----------------------------|--|---|---|-----------|------------|
| oun irom       | GRAND PAI                  | LMS REDEVELOPMENT II                         | LLC   |   |           |            |
| SUBJECT:       |                            | Name of Lim                                  | ited Liability Company  | <del></del>   |           |            |
| The enclosed   | l Articles of A            | mendment and fee(s) are sub                  | mitted for filing.  |   |           |            |
| Please return  | all correspond             | dence concerning this matter                 | to the following:   |   |           |            |
|                |                            | STEVE PARMEE                                 |   |   |           |            |
|                |                            |  | Name of Person  |   |           |            |
|                |                            |  | Firm/Company  | <u> </u>  |           |            |
|                |                            | 420 S ORANGE AVE, SU                         | JITE 220  |   |           |            |
|                |                            | ORLANDO, FL 32801                            | Address   | <del></del>   | 乌         |            |
|                |                            | SPARMEE@SENTINELCE                           |   | <del></del> :   | 19 MåR -7 | を<br>はつなべい |
|                |                            | E-mail address: (                            | to be used for future annual report notific                         | cation)   | -         | ٠.<br>     |
| For further in | nformation cor             | ncerning this matter, please ca              | all:  |   | AH II: 28 | <u>'</u>   |
| STEVE PAR      | RMEE                       |  | 407 398 - 6933<br>at ( )  |   | = 1       | ::STE      |
|                | Name of I                  | Person                                       | Area Code Daytime   | Telephone Number  | ින (      | STATE      |
| Enclosed is a  | check for the              | following amount:                            |   |   |           |            |
| \$25.00 F      | iling Fee                  | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| GRAND PALMS REDEVELOPMENT  |   |   |
|--|---|---|
| (Name of the Limited L<br>(A I   | Jability Company as it now appears on our records.) Torida Limited Liability Company) |   |
| The Articles of Organization for this Limited Liabi Florida document number L19000044678     | lity Company were filed on <u>02/13/2019</u> .  | and assigned  |
| This amendment is submitted to amend the following   | ng:   |   |
| A. If amending name, enter the new name of the   | e limited liability company here:   | 19 11   |
| The new name must be distinguishable and contain the words                                   | "Limited Liability Company," the designation "LLC" or the                             | e abbreviation "L'L.C."   |
| Enter new principal offices address, if applicable   | e:  | هراء <u>د</u><br>درد را   |
| (Principal office address MUST BE A STREET A   | DDRESS)   | 300   |
|  |   | 2. 78<br>2. 78<br>3. 78<br>5. 78 |
| Enter new mailing address, if applicable:  |   |   |
| (Mailing address MAY BE A POST OFFICE BO.  | <u> </u>  |   |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, <u>ent</u><br>address here:                 | er the name of the nev  |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   |   |   |
|  | Enter Florida street address  |   |
| _  | City, Florida   | Zip Code  |
|  | Cuy   | лір Соае  |

## 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>                     | Address  | Type of Action |
|--------------|---------------------------------|--|----------------|
| MGR          | GRAND PALMS REDEVELOPMENT I LLC | 110 GRAND PALMS DRIVE,<br>PEMBROKE PINES, FL 33027 | ■ Add          |
|              |                                 |  | Remove         |
|              |                                 | <del></del>  | ☐ Change       |
|              |                                 |  |                |
|              |                                 | ☐ Remove   |                |
|              |                                 |  | Change         |
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| (If an et<br>Note: | tive date, if other than the date of filing:   |
|                    | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated              | FEBRUARY 25 (2019)   |
|                    |  |

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Typed or printed name of signee

Filing Fee: \$25.00