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• COVER LETT	ER •
TO: Registration Section Division of Corporations	
SUBJECT: W&D Properties, LLC  Name of Foreign Limited Liability	ity Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Jason Zielinski, Esq.	
Name of Person	
Zielinski & Associates, PA	
Firm/Company	
800 E. Broward Blvd. Suite 702	
Address	
Fort Lauderdale, FL 33301	
City/State and Zip Code	
jzielinski@zielinski-associates.com  E-mail address: (to be used for future annual report notification)	on)
For further information concerning this matter, please call:	
Jason Zielinski Esq. at (954	524-6131
Name of Person Area Code &	& Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$\begin{align*}	<del>-</del> -

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

	<u> Fa</u>
SECTION	N I (1-4 must be completed)
1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: W&D Properties, LLC	ا الله الله الله الله الله الله الله ال
Enter new principal office address, if applicable	C/O SUMMERFIELD APARTMENTS
(Principal office address	3200 NW 84TH AVE
MUST BE A STREET ADDRESS)	SUNRISE, FL 33351
Enter new mailing address, if applicable:	C/O SUMMERFIELD APARTMENTS
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX)</u>	3200 NW 84TH AVE
	SUNRISE, FL 33351
2. The Florida document number of this limited lia	ability company is: M12000003038
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: $\frac{5-3}{2}$	80-2 <b>4</b> 012
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company:	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(mus	it contain "Limited Liability Company," "L.L.C., or "LLC.)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent: Jason Ziel	inski Esq.
New Registered Office Address: 800 E Brow	ward Blvd. Suite 702
	Enter Florida Street Address
FC	ort Lauderdale , Florida Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	egistered Agent: nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this 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

3. If the amend	ment changes person, title or capacity in a	accordance with 605.0902 (1)(e), indicate the	nat change:
Γitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Andrew DeFrancesco	1 RICHMOND STREET WEST, SUIT	E 500 ☐Add
		TORONTO-ONTARIO M5H3W4 CAN	AD XX  Remove
MGRM	Jorge Aldecoa	C/O SUMMERFIELD APARTME	NTS Add
		3200 NW 84TH AVE SUNRISE, FL	33351 Remove
			2015 NOV -2 SECRETARY TALEMINSSE
			ANY Remove
			STATE STATE
			Remove
			Add
			Remove
aforementio	a certificate, if required: no more than 90 med amendment(s), duly authenticated b under the law of which this entity is organized.	y the official having custody of records in	the
	Signature of	f the authorized representative	

Filing Fee: \$25.00