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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Landings at Las Olas andomenuin Assoc, Inc. (Name of Corporation)
DOCUMENT NUMBER: NO6 00000 7039
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Roumel President (Name of Contact Person)
Landings at Las Olas (Firm/Company)
2845 NE 9th Street Unit 1005 (Address)
Fort. Laude dale, Pl 33304 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Person at (954) 815-6153 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation of

2009 FEB -9 PM 4: 35

SECRETARY DE STATE

Landones at has clas condi	OMINUM VOIS BUGGS RED FLORIDA
(Name of Corporation as currently filed with the	ne Florida Dept. of State)
NO6 00000 7039	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	•
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	640 NW 19th Street, #105 Ft. Laudendale, FL 333 11

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Michael T. Roumell	2845 NE 9th St. #1005 Fort Laudendele, FL 33	Add Remove
<u>vP</u>	Bob McFee	400 Herdricks Isle # 303 Ft. Landerdal, FL 335	_ ⊠ Add _ □ Remove
T	Kevin Kessler	2845 NE 9th 9t. #804 Fort Loududal, Fl 38	_ ▲ Add _ □ Remove
E. If amendi (attach add	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci	change(s) here:	
			 _
			·

The date of each amendment(s) adoption: January 28, 2009
Effective date if applicable: January 28, 2009
(no more than 9 0 d ays after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated January 28, 2009 Signature Minhael T. Romell
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President (Title of person signing)