## P17000001774

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION:	LL AT OSPREY, INE			
DOCUMENT NUMBER:	0000 61774			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matte	r to the following:			
	USAN DERLATS			
	Name of Contact Person			
$\angle o$	well AT USPBEH. INI.			
	Firm/ Company			
	1537 SAN KEMOHIL			
	Address			
L'O2	AL GABLES \$1 33146			
	City/ State and Zip Code			
here and				
75EKKATS@LOWELL HOMES INI. COM				
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please of	all:			
JUSAN JURLATS	at (305) 5-17-8550			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:			
<i>√</i>	_			
	□\$43.75 Filing Fee & □\$52.50 Filing Fee			
Certificate of Status	Certified Copy Certificate of Status (Additional copy is Certified Copy			
	(Additional copy is enclosed) Certified Copy (Additional Copy			
	is enclosed)			
	•			
Mailing Address	Street Address Amendment Section			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

•	Articles of Amendm	ent	30/2 1
•	to Articles of Incorpora	tion	Co Co
Lour	2/1 AT	Jelkey In	State) Soon S
(Name of Cor	poration as currently filed v	with the Florida Dept. of	State)
	P 170000	61774	
(1	Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607.1006, Its Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	Profit Corporation adopt	s the following amendment(s)
a. If amending name, enter the new name of	the corporation:		The move
name must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation 'vord "chartered," "professional association," of	"Corp," "Inc," or "Co". A	mpany," or "incorporate professional corporation	The new ed" or the abbreviation name must contain the
3. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )	NA	
If amending the registered agent and/or re new registered agent and/or the new regist		lorida, enter the name of	the
Name of New Registered Agent	1471		
	(Florida street addre:	ss)	<del></del>
New Registered Office Address:	NA	, Flo	rida
new negative of office man, egg.	(City)	,, 110	(Zip Code)
ew Registered Agent's Signature, if changing the hereby accept the appointment as registered ag	Registered Agent: ent. I am familiar with and	accept the obligations of t	he position.
	Signature of New Registered	I 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	1. <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name //	Address
l) Change	<u></u>	5. LAWRENCE KAHN, TII	1537 San Kemo Ave
Add Remove			Clear GABles, P. 33146
2) Change Add	P5T	5. LANI KAHN DRODY	1537 San Kemo Ave CORAL GABLES FI 33144
Remove 3)ChangeAdd	VP	GUSAN M. KAHN	1537 SAN REMOTIVE LORAL GABLES, FI 3314
Remove 4) Change Add			
Remove  5) Change Add			
Remove			
6) Change	<del></del>		
Remove			

(Attach additional sheets, if necessary).	(Be specific)
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<del></del>	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated	
SignatureSignature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
_ S. LANI KAHN DROL	14
(Typed or printed name of person signing)	
RESIDENT	
(Title of person signing)	