L08 6000 54425

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Cil	ty/State/Zip/Phone	e #)
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1. STAVETS APR 0 8 2014

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Aaron Realt	Y TT LLC . ted Liability Company	
•	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	16	Name of Person	
		Name of Person	
	Par	on Realty II LL	<u>C</u> .
		Firm/Company	
	33 NE 151 St	1. Miami.	
		Address	
	M.	ami, FL, 33132 ·	
	1 .	City/State and Zip Code	
	janethai	mov @ aol · Comv o be used for future annual report notific	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ill:	
Jane / 1	daimou	at (<u>786</u>) <u>236</u> Area Code Daytime	_ 5170
Name of	`Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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
Tallahassee, FL 32301

ANTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

Haron Kealt)		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	 -
The Articles of Organization for this Limited Liability Company	y were filed on	8 and assigned
Florida document number <u>L08 0000 54425</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		14 SEC
		ARE PR
New Registered Office Address:	Enter Florida street address	SSR 7
	, Florida _	Zip-Code
New Registered Agent's Signature, if changing Registered Agent	•	BAIE 25
		-

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

Authorized	Member being added or removed from	our records:	aniej miu addi 655 di enen i amingei		
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
	-		□ Add		
			Remove		
			Add		
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1	, ,	Zn	Au the	orized	Person	(s) Detai	1 S	ection.
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Page 3 of 3

Filing Fee: \$25.00

