

LOB000090020 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

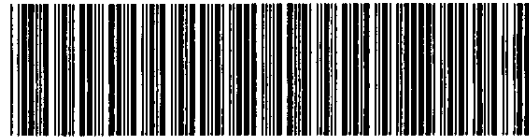
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR 26 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 28 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2500 Manor, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felix R. Carrillo, Esq.

Name of Person

LAW OFFICES OF CARRILLO & CARRILLO, PA

Firm/Company

3676 S.W. 2ND STREET

Address

MIAMI, FLORIDA 33135

City/State and Zip Code

fcarrillo@carrillolawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felix R. Carrillo, Esq.

Name of Person

at (**305**)

460-6001

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2500 MANOR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/22/2008 and assigned
Florida document number L08000090020.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the 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)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MICALI HOLDINGS, LLC, a Florida limited liability company

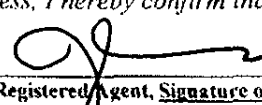
New Registered Office Address: 8203 S.W. 124th Street

Enter Florida street address

Miami, Florida 33156
City Zip Code

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 608, 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.


John Micali
Manager
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN S. MICALI	8203 S.W. 124th Street Miami, Florida 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LAURA J. MICALI	8203 S.W. 124th Street Miami, Florida 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOHN S. MICALI	8203 S.W. 124th Street Miami, Florida 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March, 2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 26 AM 11:25

FILED

Signature of a member or authorized representative of a member

John Micali, Manager

Typed or printed name of signer