

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000067745 3)))



H110000677453ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 1200000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MY SECOND HOME PLANNING SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALLY
EXAMINER
MAR 16 2011

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

11 MAR 15 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000067745
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MY SECOND HOME PLANNING SOLUTIONS 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 03/02/10 and assigned
 Florida document number L10000023861

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15101 N.W. 1ST STREET
PEMBROKE PINES FL 33028

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida

(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 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)

H11000067745

H110000067745

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

Title	Name	Address	Type of Action
MGRM	PABLO ESCUDERO	2524 CAMELOT CT. HOLLYWOOD FL 33026	☐ Add ☒ Remove
MGRM	OSCAR D. PATINO	15101 N.W. 5 th ST. PENSACOLA PINEL FL 33028	☒ Add ☐ Remove
MGRM	MARIA FERNANDA GARZO	170 S.E. 14 th ST. AP 2104 MIAMI FL 33131	☐ Add ☒ Remove
MGRM	EDWIN RIVERA RIVERA	170 S.E. 14 th ST. Apt. 2104 MIAMI FL 33131	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

AMENDING IN SECTIONS 4th AND 7th UNDER I. DEFINITIONS:

MANAGING MEMBERS AND MEMBERS

* MARIA D. ARTEAGA 25% TREASURER

* EDWIN R. RIVERA 25%

* OSCAR D. PATINO 50% MGRM DIRECTOR

Dated MARCH 14 2011

Signature of a member or authorized representative of a member

Pablo Escudero

Typed or printed name of signer

H110000067745