## 111000002723

Office Use Only

G. MCLEOD

APR - 5 2011

EXAMINER



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04/04/11--01050--015 \*\*60.00

FILED

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SECRETARY OF STATE
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## **COVER LETTER**

	of Corporations
SUBJECT:	SOC. FIRE FLORIDA INVESTMENT L.L.C.  Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	MANUEL AUGUSTO FIRENZE
•	Name of Person
	SOC. FIRE FLORIDA INVESTMENT L.L.C. Firm/Company
	1930 NW 18TH ST #10
	Address
	POMPANO BEACH FLORIDA 33069  City/State and Zip Code
	LGONZALEZ@DELUXEREALTYLLC.COM  E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
~· <del></del>	MANUEL FIRENZE at ( 954 ) 60160004  Name of Person Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25.00 Filing I	Fee \$\bigsquare\text{\$\sum_{\pi0}}\\$30.00 Filing Fee & \$\bigsquare\text{\$\sum_{\pi0}}\\$55.00 Filing Fee & \$\bigsquare\text{\$\sum_{\pi0}}\\$60.00 Filing Fee, \$\text{Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$
	(additional copy is enclosed) Certified Copy

MAILING ADDRESS:

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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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOC. FIRE F	<u>LORIDA INVESTMEI</u>	NT L.L.C	
( <u>Name of the Limited Liat</u> (A Flor	oility Company as it now appearida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	01/06/2011	and assigned
Florida document numberL11000002723	3		
This amendment is submitted to amend the followin	g;		
A. If amending name, <u>enter the new name of the</u>	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ω		APR -4 PM 1: 42 AHASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	<b>1</b> >
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street ada	ress
		. Florida	
-	City	, r mida	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.

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 **Type of Action Title** Name Address MGR MANUEL A FIRENZE ✓ Add ☐ Remove 1930 NW 18TH ST #10 . POMPANO BEACH\_ FLORIDA 33069 MGR ALEJANDRO E FIRENZE Add 1930 NW 18TH ST #10 Remove POMPANO BEACH FLORIDA 33069 MGR CAROLINA MACIEL ✓ Add 1930 NW 18TH ST #10 Remove POMPANO BEACH\_ FLORIDA 33069... Add Remove  $\square$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Alejandro Eduardo Firenze 50% Manuel Augusto Firenze 25% 25% Carolina Maciel MARCH 28 2011

MANUEL AUGUSTO FIRENZE

Dated

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00