

**L110000110994**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

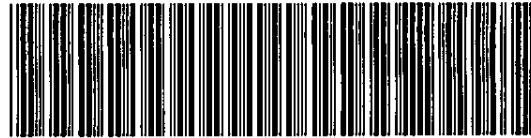
Special Instructions to Filing Officer:

**L. SELLERS**

OCT 10 2011

**EXAMINER**

Office Use Only



**700212865407**

10/07/11--01026--019 \*\*25.00

**FILED**  
11 OCT - 7 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330  
EMAIL: teresa@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

**REQUEST FILING SERVICE**

DATE: OCTOBER 5, 2011

FROM: TERESA McNALLY

Client Matter: # 9002977

TO: CORPORATE ACCESS, INC.  
236 EAST 6<sup>TH</sup> AVENUE  
TALLAHASSE, FL 32315

ATTN: DOCUMENT FILING DIVISION

RE: **S.A. 2028 A.G. LLC**

Enclosed is one of the following: **(1) Articles of Organization**

Return request with filing: **(1) Certified Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.\*\*  
5668 E. 61<sup>ST</sup> STREET  
COMMERCE, CA 90040**

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):

CHECK NO. 619674 - \$25.00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S.A. 2028 A.G. 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:

Teresa L. McNally  
Name of Person

Attorneys Corporation Services, Inc.  
Firm/Company

5668 E. 61st Street  
Address

Commerce, CA 90040  
City/State and Zip Code

teresa@attorneyscorpsservice.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa at ( 800 ) 462-5487  
Name of Person 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

**FILED**  
11 OCT -7 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

S.A. 2028 A.G. 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 09/28/11 and assigned  
Florida document number L11000110994.

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)**

**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

**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

**FILED**  
11 OCT -7 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

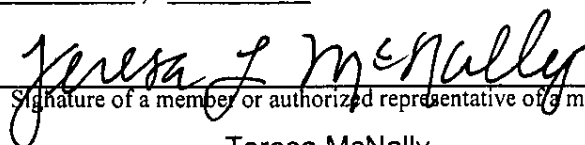
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sergio Alberto Apolo Tinoco	16699 Collins Avenue Unit 3002 Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ana Fabiola de Las Mercedes Grijalva Garcia	16699 Collins Avenue Unit 3002 Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sergio Tinoco	16699 Collins Avenue Unit 3002 Sunny Isles, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ana G de Apolo	16699 Collins Avenue Unit 3002 Sunny Isles, FL 33160	<input type="checkbox"/> Add <input checked="" 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 October 3, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Teresa McNally  
\_\_\_\_\_  
Typed or printed name of signee