

410000120882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

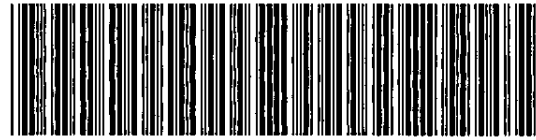
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

13 JUN 21 PM 4:50

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JUN 24 2013  
D. BUTLER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARLEN HOUSE EAST 1802 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:

Leonardo Franyie  
Name of Person

Franyie Consulting Group inc  
Firm/Company

6625 MIAMI LAKES DRIVE #220  
Address

MIAMI LAKES FL 33014  
City/State and Zip Code

LAFRANYIE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonardo Franyie at 786 985-1492  
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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ARLEN HOUSE EAST 1802 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 10/24/2011 and assigned  
Florida document number L11000120882

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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)

6625 MIAMI LAKES DRIVE  
SUITE 220  
MIAMI LAKES, FL 33014

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

6625 MIAMI LAKES DRIVE  
SUITE 220  
MIAMI LAKES, FL 33014

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: Leonardo Franyie

New Registered Office Address: 6625 MIAMI LAKES DRIVE SUITE 220  
Enter Florida street address

MIAMI LAKES, Florida 33014  
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.

Leonardo Franyie  
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>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove

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

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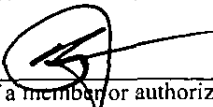
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Dated 6-20-13, \_\_\_\_\_.

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

HUGO GERMANA  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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