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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Division of C	Section orporations				
SUBJE	Ст. А1	AMERICAN LAND HOLDINGS OF OPA-LOCKA, LLC Name of Limited Liability Company				
The encl	losed Articles	of Amendment and fee(s) are su	ibmitted for filing.			
Please re	eturn all corres	spondence concerning this matte	er to the following:			
	James R. Sloto  Name of Person					
	Sloto & Associates, P.L.					
Firm/Company						
	9130 S Dadeland Blvd, Suite 1218					
			Address			
			Miami, FL 33156			
		,	City/State and Zip Code			
		F_mail addrace	jsloto@slotolaw.com (to be used for future annual report not	itication)		
For furth	ner information	n concerning this matter, please		incuron)		
	J	ames R. Sloto	at ( 305 )	379-1792		
	Nam	e of Person		ne Telephone Number		
Enclosed	d is a check fo	r the following amount:		,		
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Control Tallahassee, FL 3	orations Center Circle		

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

## AMERICAN LAND HOLDINGS OF OPA-LOCKA, 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 L	were filed on	2/14/2012	and ass	_ and assigned	
Florida document numberL1200002					
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
	N/A	<b>\</b>			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company	," the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if applic	N/A		<del></del>	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				2 C	
					i <u>1</u>
				SSI SSI	1
Enter new mailing address, if applicable:	N/A		EE.		
(Mailing address MAY BE A POST OFFICE BOX)				ည်း မှာ	
				NIE RIDA	
				<b>₽</b>	
B. If amending the registered agent and/ registered agent and/or the new registered o			r records, <u>enter</u>	the name o	f the new
Name of New Registered Agent:	N/A		<u></u>		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	N/A				
		Enter Florida street address			
		, Florida			
	City				
New Registered Agent's Signature if changing	Danistarad Agants				

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 **Title** <u>Address</u> **Type of Action** <u>Name</u> **MGR** Delio Medina ✓ Add Remove Delio Medina ☐ Add ☐ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 17 2012 Dated \_

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member Delio Medina