## 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.

(((H190002964313)))



H190002964313ABC2

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 : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

: (305)416-6800

Fax Number

: (305)416-6811

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

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAOPATOSCALE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

ADAMS GALLINAR PA

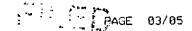
### **COVER LETTER**

(((H19000296431 3)))

	egistration Sec vision of Corp			
i in incom		CALE PROPERTIES, LLC		
UBJECT	:	Name of Limit	ed Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
lease retu	rn all correspor	ndence concerning this matter t	o the following:	
		Jose M. de la O		
			Name of Person	
		AGI Registered Agents, Inc		
			Firm/Company	
		1000 Brickell Ave., Suite 3	00	
			Address	
		Miami, FL 33131		
		Jose@agi-ra.com	City/State and Zip Code	
		E-mail address: (	o be used for future annual report notifi-	cation)
For furthe	r information c	oncerning this matter, please co	alt:	
Jose M. de	e la O		305 416-6800	
	Name o	f Person	at ()	Telephone Number
Enclos <b>ed</b>	is a check for th	be following amount:		
\$25.0	0 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



#### <sup>2013</sup>(((H1<del>9</del>00029643,53))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONSECRETARY OF STATE TALLAHAGGEE, FL OF

The Articles of Organization for this Limited Liab Florida document number L12000143017  This amendment is submitted to amend the follow	bility Company	were filed on November 13, 2012 and assigned		
This umendment is submitted to amend the follow	.i.a.a.			
This attendment is adortified to affecte the follow	ang:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity 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)		1000 Brickell Avenue		
		Suite 300		
		Miami, FL 33!31		
Enter new mailing address, if applicable:		1000 Brickell Ave.		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 300		
		Miami, FL 33131		
B. It amending the registered agent and/or registered agent and/or the new registered office agent.  Name of New Registered Agent:				
New Registered Office Address: 1000 Brickell A		Ava Suiza 300		
		Enter Florida street address		
	Miami	, Florida <sup>33131</sup>		
		Cuy Zip Code		

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

3054166811

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member	(((H19000296431 3)))	
<u>Title</u>	Name	Address	Type of Action
		<del></del>	
			□ Remove
			Change
<del></del>			D Add
			□ Remove
			□ Change
		<u></u>	☐ Remove
			Change
			□ Remove
			Change
		<del></del>	Remove
			Change
		-	
			☐ Remove
			Change

	<del></del>	<del></del>	<del></del>	(((I	(((H19000296431 3))		
					_		
					<del></del>		
<del></del>							
	<u> </u>						
				<del></del>			
	<del></del>			<del> </del>			
		<del>-</del>				<del></del>	
<del></del>		·					
	·					92	
·		· <del></del>	<del></del>			구분	
<del></del>	<del></del>		<del></del>				
						-n ⊊	
	·				<del></del> -		
	<del></del>			<u> </u>	<del></del>		
Mective date, if other than an effective date is listed, the date of the listed in the	the date of filing:		<u> </u>	(opti	onal)		
in effective date is listed, the date ote: If the date inserted in thi	must be specific and cannot block does not meet th	be prior to dat e anolicable	te of filing or mor statutory filing	e than 90 days afte requirements, thi	r filing.) Pursu s date will no	ant to 605.020	
ocument's effective date on th	Department of State's	records.	- ······ <b>5</b>	· · · · · · · · · · · · · · · · · · ·	s dete with it	n the fished a	
record specifies a dela	ed effective date,	out not an	effective tin	ne, at 12:01	a.m. on th	e earlier o	
The 90th day after the i	ecora is filea.						
October 4	201	•					
ated Celober 4	<del>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</del>	<del></del>					
	11 hours						
- 1/	4						
	rignature of a member	or authorized	representative of	a member		—- <del>-</del>	

Page 3 of 3

Filing Fee: \$25.00