## U1300015760

Office Use Only



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FEB 28 2012 D. BRUCE

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

305 REAL ESTATE HOLDINGS, 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:

Sandra M. Ferrera

Name of Person

Meland Russin & Budwick, P.A.

Firm/Company

200 S. Biscayne Blvd., Suite 3200

Address

Miami, Florida 33131

City/State and Zip Code

sferrera@melandrussin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra M. Ferrera

<sub>...</sub>305<sub>.</sub>358-6363

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)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EAL ESTATE HOLDINGS, LLC	
(Name of the Limited L (A I	lability Company as it now appears on our records lorida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Lia Florida document number <u>L13000015760</u>	bility Company were filed on January 30, 20	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company." the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
	registered office address on our records, er	nter the name of the nev
registered agent and/or the new registered offi	ce address nere:	ASSE VARY VARY
Name of New Registered Agent:		E CF P
New Registered Office Address:		
	Enter Florida stree	et addiels's 🤝
	, Florid	
	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.

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>	Name		Type of Action
MGRM	Jorge Cherrez	900 Biscayne Blvd, #5812	2 🗸 Add
		Miami, FL 33132	Remove
			Remove
			Add
			Remove
			Add
		- IALLA	Remove 2 7913 F1
		ASSER	Add
		- LORIOA	Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
•	
Dated F	ebruary 21
	Signature of a member of authorized depression of a member
	Typed or printed hame of signee
	Page 3 of 3 Filing Fee: \$25.00

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