

**L13000053257**  
Florida Department of State  
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.**

(((H14000129378 3)))



H140001293783ABC2

**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 : BARINAS & ASSOCIATES INC.  
Account Number : 120000000082  
Phone : (305)871-0889  
Fax Number : (305)870-9623

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

Email Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN -3 AM 10:15

RECEIVED  
14 JUN -3 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PROPERTECHNOLOGY INNOVATION, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

JUN 04 2014  
J. HARRIS

Electronic Filing Menu    Corporate Filing Menu    Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROPERTECHNOLOGY INNOVATION, 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:

YANELLE M BARINAS

Name of Person

BARINAS & ASSOCIATES INC

Firm/Company

5701 NW 36 STREET

Address

MIAMI, FL 33166

City/State and Zip Code

BARINASB@GMAIL.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

Name of Person

at 305 871-0889

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PROPERTECHNOLOGY INNOVATION, 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 01/17/2013 and assigned Florida document number L13000053257

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: 20322 NE 14 CT  
MIAMI, FL 33179  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 20322 NE 14 CT  
MIAMI, FL 33179  
(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 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 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

14 JUN -3 AM 10:15  
SECRETARY OF STATE  
DIVISION OF CORPORATE SERVICES

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RAFAEL M CONTRERAS CAILLAUX	1315 NE 201 TERR	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 JUN -3 AM 10:15


SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 29 2014

  
Signature of a member or authorized representative of a member  
EMILIO BENDEZU  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
14 JUN -3 AM 10:15