

# L15000038045

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.**

((H15000160881 3)))



H150001608813ABC/

**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 : BARBOSA LEGAL  
Account Number : I20110000049  
Phone : (305) 501-4680  
Fax Number : (305) 359-9543

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

Email Address: bbarbosa@barbosalegal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**ALX REALTY INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

15 JUN 30 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H150001608813

H

N. Outigan

JHB

1 2015

FILED  
2015 JUN 30 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H150001608813

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **ALX REALTY INVESTMENTS, 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:

**Bruna Barbosa**

Name of Person

**Barbosa Legal**

Firm/Company

**407 Lincoln Road PH-NE**

Address

**Miami Beach, FL 33139**

City/State and Zip Code

**bbarbosa@barbosalegal.com**

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

For further information concerning this matter, please call:

**Bruna Barbosa**

Name of Person

at **(305) 501-4680**

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

H150001608813

ARTICLES OF AMENDMENT 2015 JUN 30 AM 8:03  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ALX REALTY INVESTMENTS, 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 03/02/2015 and assigned  
Florida document number L15000038045

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:

201 South Biscayne Boulevard, Floor 28th

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33131

Enter new mailing address, if applicable:

201 South Biscayne Boulevard, Floor 28th, Miami, Florida 33131

(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:

n/a

New Registered Office Address:

Enter Florida street address

City

Florida

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

H150001608813

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>
_____	_____	n/a	<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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

H150001608813

H150001608813

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

n/a

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 June 29th, 2015.

/S/ Bruna Barbosa

Signature of a member or authorized representative of a member

**Bruna Barbosa, Authorized Representative**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 JUN 30 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA