

41000120882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

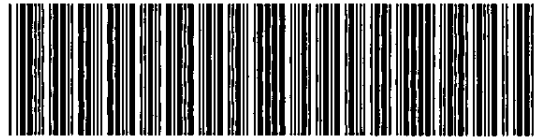
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TALLAHASSEE, FLORIDA

JUN 24 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARLEN HOUSE EAST 1802 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:

Leonardo Franyie
Name of Person
Franyie Consulting Group inc
Firm/Company
6625 MIAMI LAKES DRIVE #220
Address
MIAMI LAKES FL 33014
City/State and Zip Code
LAFRANYIE@6mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonardo Franyie at 786 985-1492
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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13 JUN 21 PM 4:50
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ARLEN HOUSE EAST 1802 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 10/24/2011 and assigned
Florida document number L11000120882

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:

(Principal office address MUST BE A STREET ADDRESS)

6625 MIAMI LAKES DRIVE
SUITE 220
MIAMI LAKES, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6625 MIAMI LAKES DRIVE
SUITE 220
MIAMI LAKES, FL 33014

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:

Leonardo Franyie

New Registered Office Address:

6625 MIAMI LAKES DRIVE SUITE 220

Enter Florida street address

MIAMI LAKES

City

Florida

33014

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.

Leonardo Franyie
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

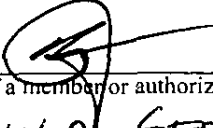
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
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_____	_____	_____	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 06-21-2013 BY 60322

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

Dated 6-20-13, _____.



Signature of a member or authorized representative of a member

HUBO GERMANA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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