

L1600009223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

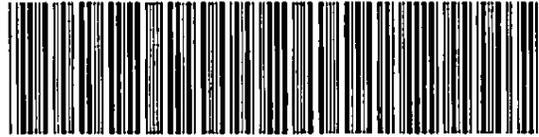
(Business Entity Name)

(Document Number)

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COMMISSIONS

NOV 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Corporacion La Real 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:

Xiomara Polanco
Name of Person

Sanchez Vadiño LLP
Firm/Company

11402 NW 41 Street, Suite 202
Address

Doral, Florida 33178
City/State and Zip Code

corporacionla@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xiomara Polanco at (305) 485-9700 ext. 2213
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)
- \$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**

CORPORACION LA REAL, 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 01/27/2016 and assigned Florida document number 1.16000019223.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain 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)

1717 NORTH BAYSHORE DRIVE

309

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1717 NORTH BAYSHORE DRIVE

309

MIAMI, FL 33132

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:

SANCHEZ VADILLO LLP

New Registered Office Address:

11402 NW 41 STREET, 202

Enter Florida street address

DORAL

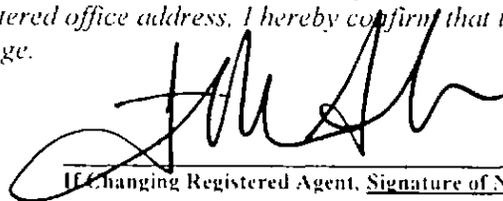
City

Florida 33132

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

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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOUKHALLALEH, ELIAS	7975 NW 155 STREET.	<input type="checkbox"/> Add
		SUITE A	<input checked="" type="checkbox"/> Remove
		MIAMI LAKES, FL 33016	<input type="checkbox"/> Change
MGR	RODRIGUEZ, HECTOR	7975 NW 155 STREET.	<input type="checkbox"/> Add
		SUITE A	<input checked="" type="checkbox"/> Remove
		MIAMI LAKES, FL 33016	<input type="checkbox"/> Change
MGR	MONDI DE TOMASELLO, ANGELA	1717 NORTH BAYSHORE DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 309	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
MGR	TOMASELLO, DOMENICO	1717 NORTH BAYSHORE DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 309	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
MGR	TOMASELLO, ROSA MARIA	1717 NORTH BAYSHORE DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 309	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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