LOO 000012359

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		•	
Pinecrest Plaza, LLC			
SUBJECT:	·		
	Name of Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change and	d fee(s) are submitted for	filing.
Please return all correspondence concernit	ng this matter to the	following:	
Laurie Richter			
Name of Person			
Pinecrest Plaza, LLC			
Firm/Company			
PO BOX 565666			
Address			
Miami, FL 33256			
City/State and Zip Co	ode		. ~
pinecrestplazalle@gmail.com			020 S
E-mail address: (to be used for futur	e annual report noti	fication)	2020 SEP 14 2010 SEP 14
For further information concerning this m	atter, please call;		
Laurie Richter	305	8079797	
	at ()	
Name of Person		Area Code & Daytime	Telephone Number
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corpora	
P.O. Box 6327		The Centre of Talla	
Tallahassee, FL 32314		2415 N. Monroe Str Tallahassee, FL 323	
Enclosed is a check for the follo	wing amount:		
■ \$25 Filing Fee		\$55 Filing Fee & Certified	l Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 __ and assigned Florida document number L00000012359 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7133 SW 100 Street Enter new principal offices address, if applicable: Miami, FL 33156 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Albert Sueiras, CPA Name of New Registered Agent: 9495 Sunset Drive, Suite B-230 New Registered Office Address: Enter Florida street address Miami Cin

New Registered Agent's Signature, if changing Registered Agent:

Pinecrest Plaza, LLC

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			Петюve
			□Change
			□Add
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fective date, if other than the date in effective date is listed, the date must be spe	ceitic and cannot be prior t	o date of tiling or more tha	n 90 days after filing.) Pur	suant to 605.0)20
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record specifies a delayed effective date.	but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90	th day after t	the
is filed.					
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Year					
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Filing Fee: \$25.00