L02000016797

(Re	questor's Name)	
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J. SAULSBERRY EXAMINER JAN 30 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

ABOOD WOOD FAY MANAGEMENT, 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:

SUSAN REGO

Name of Person

COLLIERS INTERNATIONAL SOUTH FLORIDA

Firm/Company

95 MERRICK WAY, SUITE 380

Address

CORAL GABLES, FL 33134

City/State and Zip Code

SUSAN.REGO@COLLIERS.COM

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

For further information concerning this matter, please call:

SUSAN REGO

at (305) 446-0011

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABOOD WOOD FAY MANAGEMENT, 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 Liabi Florida document number L02000016797	lity Company were filed on <u>07/03/20</u>	and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," th	e designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)	- 2 - 2		
	٠			
Enter new mailing address, if applicable:	N-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M	<u> </u>		
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
	<u></u>	 		
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	orida street address		
	2.307 1			
-	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 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.

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>	Name	Address	Type of Action
<u>COO</u>	THOMAS D WOOD JR	95 Merrick Way Suite 380	O Add
		Coral Gables, FL 33134	Remove
MGR	ABOOD WOOD-FAY REAL ESTATE GROUP LLC	95 Merrick Way Suite 380	
		Coral Gables, FL 33134	Remove
			Remove
		TAI LEATH AS A STATE OF THE STA	2013 JAN 28
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
CHANGE DONNA ABOOD'S TITLE FROM CEO TO MGRM.
CHANGE MICHAEL T FAY'S TITLE FROM PRES TO DIRECTOR.
Dated JANUARY 24 2013
Donnahmi
Signature of a member or authorized representative of a member
DONNA ABOOD
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00