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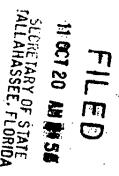
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EXAMINER

COVER LETTER

Division of Corpo	rations	
SUBJECT:	MEDINA PROPERTIES, LLC	
	Name of Limited Liability Company	_
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	LINDA RODRIGUEZ	
	Name of Person	_
	Firm/Company	
	2040 NW 94 AVENUE	As _
	Address	CCR &
	DORAL FL 33172	T 20
•	City/State and Zip Code	
_	Linda@floridalemark.com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	Dri Dri
Linda Body	iquez at (305) 593-1442	
Name of Pe		iber

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section

\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDINA PROI	PERTIES, LL	.C	
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	02/18/2003	and assigned
Florida document numberL0300005969			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		<u>></u>	· ·
Principal office address MUST BE A STREET ADDRESS)		L	CC: CC
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		IASSEE, FLORIDA	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	fice address on <u>e</u> :	our records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:	F	ter Florida street addr	200
	Enter Fioriaa street adaress		
	Citv	, 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 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 **Title** Name 1 **Address** Type of Action **VP** LINDA RODRIGUEZ 2040 NW 94 AVENUE DORAL FL 33172 ✓ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 1 2011 Dated Signature of a member or authorized representative of a member EDUARDO RODRIGUEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00