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OCT 30-2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

) OCT 28 AM 8: 5

COVER LETTER

Division of Corpo	rations						
SUBJECT: ABEL HOMES AT KEYS WINDS, LLC							
	Name of Limi	ted Liability Company					
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.					
Please return all correspond	ence concerning this matter	to the following:					
		AREL AMAROR					
		ABEL AMADOR Name of Person					
		Name of Person					
	MIRAMAR PARKWAY PLAZA PARTNERS, LLC						
	Firm/Company						
		P.O. BOX 652107					
		Address					
	MIAMI, FL. 33265-2107						
	City/State and Zip Code						
	ABE	L@ABELHOMES.COM					
•	E-mail address: (to be used for future annual report notification)						
For further information cond	cerning this matter, please c	all:					
ABEL	AMADOR	at (_305)	207-4777				
Name of Person		at (305) 207-4777 Area Code & Daytime Telephone Number					
Enclosed is a check for the f	following amount:						
\$25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

TO:

Registration Section

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

(Name of the Limite	d Liability Compa	NETO VVINDO ny as it now appear	, LLC 's on our records.)	
(A Florida Limited L	Liability Company)		
The Articles of Organization for this Limited	Liability Company	were filed on	5/13/2003	and assigned
Florida document numberL0300001	7851			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :	
		AZA PARTNEF		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compa	ny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appli	NOT APPLIC	ABLE		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		NOT APPLIC	ABLE	
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and	or registered of	fice address on o	our records, <u>enter t</u>	the name of the new
registered agent and/or the new registered of				
	NOT ADDI.	IOADI E		
Name of New Registered Agent:	NOT APPLI	CABLE		
New Registered Office Address: NOT APPLICABLE				
		Eni	ter Florida street ada	1.77
			, Florida	EZIP Ede 7
		City		Zip sode T
New Registered Agent's Signature, if changing	Registered Agent:			28 T
I hereby accept the appointment as register	ed agent and agr	ee to act in this co	pacity. I further ag	ee to comply with
the provisions of all statutes relative to the	proper and comp	tete performance	oj my auties, ana 1 d	ımJam ıss ır witn ana
accept the obligations of my position as reg being filed to merely reflect a change in the	usierea agent as p registered office	proviaea jor in Ch address, I hereby	tapter 008, F.S. Or, confirm that the lin	म् भाइ व्यवसाय । । सुर्घ lidbility
company has been notified in writing of this			V	- /

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>	Address	Type of Action
	NOT APPLICABLE		Add Remove
	NOT APPLICABLE		Add Remove
	NOT APPLICABLE		Add Remove
	nding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	O9 OCT
- -			28 AM
Dated	OCTOBER 26	2009	8: 52 STATE LORIDA
	Signature of a mem	ber or authorized representative of a member	
		ABEL AMADOR ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00