# - 103000031717

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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08 AUG 20 AH II: 29
SEUNE INSEE, FLORIDA
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 21 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prodigy Development Sates, 210 (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:
Rodrigo Nino (Name of Person)
frodigy Development Sates, LC (Firm/Company)
31 SE 5th Street, Suite W 215 ASS & SACRES
Miami, H. 33101 5 8 8
(City/State and Zin Cody)
For further information concerning this matter, please call:
Osnat Gri (Name of Person) at (305) 521-08 66  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{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 Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2008

RODRIGO NINO 31 SE 5TH STREET, SUITE CU 215 MIAMI, FL 33131

SUBJECT: PRODIGY DEVELOPMENT SALES, LLC

Ref. Number: L03000031717



We have received your document for PRODIGY DEVELOPMENT SALES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 508A00045647

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prodiay Dovel	opment	Sata, L			
(Name of the Limited (A	Liability Company a Florida Limited Liab	is it now appears of ility Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document number	ability Company we	re filed on <u>D8</u>	25/2003	and assig	ned
This amendment is submitted to amend the follo	owing:			•	
A. If amending name, enter the new name of	the limited liabilit	y company h <u>ere</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Company	," the designation "	LECTOR the blue the b	reviation
Enter new principal offices address, if applications	able:			75 20 55 20	
(Principal office address MUST BE A STREE	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<del>.</del>		
				M 1: 29 F STATE FLORID	
Enter new mailing address, if applicable:	_			D	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u> _			-	
B. If amending the registered agent and/or the new registered of		e address on our	r records, <u>enter</u>	the name of	the new
Name of New Registered Agent:					
New Registered Office Address:	31 St	. 5 <sup>th</sup> Str	cct SUIC	dress)	
•	Miami	(Line	, Florida		
		(City)	, 1 101 101	(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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
		•.	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.) 
_ _ _			08 AUG 20 TALLAHASS
Dated			AM II: 29 EE, FLORID
	Rodrigo	or authorized representative of a member  N 100  d or printed name of signee	A

Page 2 of 2

Filing Fee: \$25.00