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IZ SEP 21 MI ID: 15 SEGRETARY OF STATE ALLAHASSEE, FI ORIDA

## **COVER LETTER**

то:	Registration Division of C	
SUBJE	ст: <u>1</u> 200	Homestead 72 LLC
		Name of Limited Liability Company
The enc	losed Articles	of Amendment and fee(s) are submitted for filing.
Please re	eturn all corres	pondence concerning this matter to the following:
		Cormen Sandoval Name of Person
		Name of Person
		1200 Homestead 72 LLC Firm/Company
		23371 Muliholand DR 282.
	· ·	City/State and Zip Code  CSeaside Adhoo, wm.  E-mail address: (to be used for future annual report notification)
For furth	ner information	concerning this matter, please call:
Cc	umen	Sandoval at (305) 798 - 7274
	Name	of Person Area Code & Daytime Telephone Number
Enclose	d is a check for	the following amount:
\$25.0	00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

12 SEP 21 M 10: 15

1200 Homestead (Name of the Limited Liabili	72 L.L.C.	SECRETARY OF STATE nourrecords) TALLAHASSEE, FLORIDA	
(A Florida	Limited Liability Company)		
The Articles of Organization for this Limited Liability		<u>C 2, 2004</u> and assigned	
Florida document number <u>LO400004159</u>	<u>4</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company,	" the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u></u> ,		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on our dress here:	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
New Degistered Agent's Signature if changing Desistan	City	Zip Code	

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 <u>Title</u> <u>Name</u> **Address Type of Action** Alberto Herrandez. MGR 1201 SW 45T AP+#1 ☐ Add Remove Julia Diaz MGR 1201 SW 45T AP+#1 ☐ Add Remove Remove Add Remove □Add Remove  $\square$ Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 14, 2012 Signature of a member or authorized representative of a member SANDOVAL CARMEN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00