# L04000045251

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11 JUL 13 PH 12: 37

SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

N. GUMBAN JUL 14 2011

# Peter M. Lopez, P.A. \*\* 1911 Northwest 150th Avenue Suite 201

Pembroke Pines, Florida 33028

Phone:

(954) 436-6111

Facsimile:

(954) 436-6112

July 12, 2011

Via Federal Express Overnight Delivery

Division of Corporations ATTN: Registration Section 2661 Executive Center Circle Tallahassee, FL 32301

#### Re: Articles of Amendment for the following LLCs:

- CARDUCCI ENTERPRISES, LLC
- LANDMARKDORAL BAY 1A LLC
- VICTORIA PARK 813, LLC
- I-595 INVESTMENTS LLC
- VICTORIA PARK 446, LLC
- DOLPHIN 128, LLC
- POINCIANA GROUP 22, LLC
- PROGRESSO 840, LLC
- VICTORIA PARK 900 LLC

### Dear Sir or Madam:

Enclosed please find Check No. 5950, made payable to Florida Department of State, in the amount of \$225.00. This represents the filing fee for the Articles of Amendment (which are enclosed) for the above referenced nine (9) companies.

Should you have any questions, please do not hesitate to call.

Very truly yours,

PETER M. LOPEZ, P.A.

# **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT:	CARDUCCI E	ENTERPRISES, LLC				
		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
		Peter M. Lopez, Esq.				
		Name of Person				
Peter M. Lopez, P.A.						
		Firm/Company				
	19 <sup>-</sup>	11 NW 150th Ave. #201				
		Address				
	Per	mbroke Pines, FL 33028				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code				
	pmlopezpa@yahoo.com  E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	call:				
	eter M. Lopez		36-6111			
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		STREET/COURIE Registration Section				

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 JUL 13 PH 12: 37 SECRETARY OF S

CARDUCCI ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization fo	or this Limited Liability Company	were filed on	June 16, 2004	and assigned	
Florida document number	L04000045251				
This amendment is submitted to	o amend the following:				
A. If amending name, enter 1	the new name of the limited liab	oility company he	<u>re</u> :		
The new name must be distinguis "L.L.C."	hable and end with the words "Lim	ited Liability Comp	any," the designation "LI	C" or the abbreviation	
Enter new principal offices ac	ldress, if applicable:	•			
(Principal office address MUS	T BE A STREET ADDRESS)				
Enter new mailing address, if	`applicable:			· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A I	POST OFFICE BOX)				
	red agent and/or registered of ew registered office address her		our records, <u>enter th</u>	e name of the new	
Name of New Registe	red Agent:				
New Registered Offic	e Address:		771 - 1	<del></del>	
		Enter Florida street address			
		, Florida City Zip Code			
		Cuy		Lip Coue	

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 Type of Action <u>Name</u> **Address MGRM** Ana Y. De Carducci 1911 NW 150th Ave. #201 ☐ Add Pembroke Pines, FL 33028 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) merhber or authorized representative of a member Reter M. Lopéz, Esq. Member Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00