

L04 0000064789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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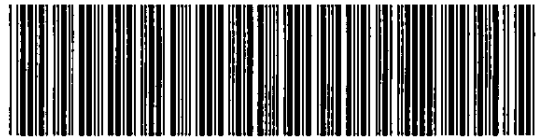
(Business Entity Name)

(Document Number)

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09 JUN 25 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. JUN 26 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 500 Santurce, LLC
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:

John R. Keeler

Name of Person

500 Santurce, LLC

Firm/Company

500 Santurce Avenue

Address

Coral Gables, Florida 33143

City/State and Zip Code

jkeeler@onecrab.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos De Leon

Name of Person

at (305)

663-4606

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
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

09 JUN 25 AM 11:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500 SANTURCE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/31/2004 and assigned
Florida document number L04000064789.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation: --
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

JOHN KEELER

500 SANTURCE AVENUE

CORAL GABLES, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 SANTURCE AVENUE

CORAL GABLES, FL 33143

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOHN KEELER

New Registered Office Address:

500 SANTURCE AVENUE

Enter Florida street address

CORAL GABLES

Florida

33143

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS DE LEON	5860 SW 87 STREET SOUTH MIAMI, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	OFER ZOSMAN	11012 SW 80 AVENUE PINECREST, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOHN KEELER	500 SANTURCE AVENUE CORAL GABLES, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated JUNE 09TH, 2009

Signature of a member or authorized representative of a member

CARLOS DE LEON

Typed or printed name of signee