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SECRETARY AF STATE

COVER LETTER

TO: Registration Section . Division of Corporations				
SUBJECT: A.R. M. Property Hanagement, LLC. (Name of Limited Lightlity Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ceaardo A Vazovez, Eso. (Name of Person)				
Gerardo A. Vazavez, P.A. (Firm/Company)				
1401 Brickell Ave # 500				
Michi, FL. 33131 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (305) 371.8064 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status 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

A.R. H. Prope	erty Managem			
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears orida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>LOYOOO</u>	ility Company were filed on <u>10</u> 764.38	21 2004 and assigned		
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company	," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	- the state of the			
(Enter Florida street address)				
-	(0)	, Florida		
	(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

Address Type of Action Title <u>Name</u> Remove Add Remove Remove DDA 🗂 Remove ┌ Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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		
HGR	Ignocia) Arriag Bernan	ndez 1390 Brichellace #200 Hiani, FL33131	Add Remove		
MGR	Podro H	odrid Dorett	1390 Bridsell ave #2004, FL.33131	Add Remove		
<u>MGR</u>	Laura 1	4. <u>Zecchini</u> De Riera	1390 brickell are #200 Warry FR. 33131	Add Remove		
				Add Remove		
,,,,,,				Add Remove		
				Add Remove		
D. If ame	ending any other inf	ormation, enter change(s	s) here: (Attach additional sheets, if necessary.)	_		
-				_		
Dated	august	18th, 200°	<u>8</u> .	OB AUG 25 AI SECRETARY L		
	<u> </u>	lafael A.	r authorized representative of a member printed name of signee	AM 8: 58		

Page 2 of 2

Filing Fee: \$25.00