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G. MCLEOD

MAY - 6 2010

EXAMINER



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05/06/10--01004--016 **55.00

10 MAY -5 AM II: 24

DIVISION OF CORPORATE

To:

Florida Department of State

Secretary of State

Division of Corporations

From:

Rafael A. Riera

A.R.M. Property Management 2530, LLC

Subject:

Company Reinstatement and Change of name

We are sending all the forms necessary in order to change the name and reinstate our company.

We already sent a check and it is already paid (see enclosed copy) for \$521.25, for Reinstatement fee, Annual Reports (2008, 2009 and 2010) and fee for a Certificate of Status.

We are enclosing a check for \$55.00 for Filing Fee and Certified Copy of the name change (enclosed is an additional copy).

Also we are enclosing a copy of your letter No. 210A00007105 as you asked.

Thanks in advance.

Rafael A. Riera

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT:	A.R.M. PROPE	ERTY MANAGEMENT, LLC					
	Name of Limited Liability Company						
The enclosed Artic	cles of Amendment and fee(s) ar	e submitted for filing.					
Please return all co	orrespondence concerning this m	atter to the following:					
		RAFAEL A. RIERA					
		Name of Person					
		Firm/Company					
	35	350 S MIAMI AVE. UNIT #1507					
		MIAMI, FLORIDA 33130					
		City/State and Zip Code					
	E-mail addre	riera.alejandro@gmail.com ess: (to be used for future annual report notification)					
For further inform	ation concerning this matter, plea	ase call:					
	RAFAEL A. RIERA	at (_+58)414-3277344					
ì	Name of Person	Area Code & Daytime Telephone Number					
Enclosed is a chec	k for the following amount:						
☐ \$25.00 Filing F	ce \$30.00 Filing Fee & Certificate of Statu	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
F F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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.M. PF	ROPERTY N Liability Compa	MANAGEMEN ny as it now appear inhility Company)	T , LLC s on our records.)	-,		
The Articles of Organization for this Limited L Florida document number L0400070	iability Company		10/21/2004	_ and assig	med	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company her	2:			
A.R.M. PRO	DPERTY MAN	IAGEMENT 253	0, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compar	ny," the designation "LL	C" or the ab	breviation	
Enter new principal offices address, if applic	able:	350 S MIAMI	AVE. UNIT #1507		SIVID	
(Principal office address MUST BE A STREE	TADDRESS)	MIAMI, FLOR	IDA 33130	<u> </u>	<u> </u>	
					95.	
Enter new mailing address, if applicable:	CCS 87327		A			
(Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 025323		<u>~~~</u>	<u> </u>	
		MIAMI, FLOR	IDA 33102-5323		<u> </u>	
B. If amending the registered agent and/or the new registered of			ur records, <u>enter the</u>	name of	the new	
Name of New Registered Agent:	RAFAEL A.	RIERA				
New Registered Office Address:	350 S MIAN	50 S MIAMI AVE. UNIT #1507				
	Ente	er Florida street addres	SS			
		MIAMI	, Florida	33130		
		City		Zip Code		
New Registered Agent's Signature, if changing I	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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andres Riera Zecchini	350 S MIAMI AVE, UNIT #1507 MIAMI, FLORIDA 33130	☑ Add ☐ Remove
MGR	Anabel Riera Zecchini	350 S MIAMI AVE. UNIT #1507 MIAMI, ELORIDA 33130	✓ Add ☐ Remove
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter change The new address for the other 2 Mana	(s) here: (Attach additional sheets, if necessary.)	
	- -		
	350 S MIAMI AVE. UNIT #1507, MIAN	MI, FLORIDA 33130	_
Dated	April 26 , 201	0	_
	Signature of a member o	r authorized representative of a member	
		AEL M. RIERA	
	i yped oi	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00