

LO5000012291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

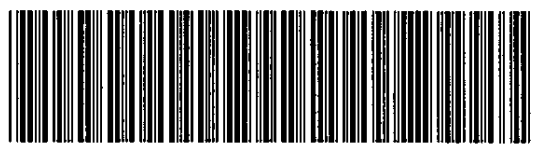
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900265710019

10/27/14--01031--012 \*\*25.00

FILED  
2014 NOV 12 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 13 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2014

RAFAEL DIAZ  
3850 BIRD ROAD, #600  
MIAMI, FL 33146

SUBJECT: 1027 PROPERTY, LLC  
Ref. Number: L05000012291

We have received your document for 1027 PROPERTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 214A00023053

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2014 NOV 12 PM 4:07

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1027 Property, 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:

Rafael Diaz  
Name of Person

\_\_\_\_\_  
Firm/Company

3850 Bird Road, #600  
Address

Miami, FL 33146  
City/State and Zip Code

rlydiaz@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Diaz at (305) 345-8664  
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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
 2014 NOV 12 PM 4: 07  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

1027 Property 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 2/4/2005 and assigned Florida document number L05000012291.

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)**

3850 Bird Road, #600

Miami, FL 33146

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3850 Bird Road, #600

Miami, FL 33145

FILED  
2014 NOV 12 PM 4:07  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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: Rafael A Diaz

New Registered Office Address: 3850 Bird Road, #600

Enter Florida street address

Miami, Florida 33146

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 605, 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

**FILED**  
2014 NOV 12 PM 4:07  
CLERK OF STATE  
TALLAHASSEE FLORIDA

By executing any other instrument, such change(s) shall have the same effect as if necessary,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11-4, 2014

*Rafael Diaz*

Signature of a member or authorized representative of a member

**RAFAEL DIAZ**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 NOV 12 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA