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| Certified Copies | Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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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

COVER LETTER

| TO: Registration Se Division of Con | | | | | |
|--|--|---|------------------|--------------------|--------|
| SUBJECT: 1027 Pro | | | | | |
| | Name of Lim | ited Liability Company | | | |
| | Amendment and fee(s) are sub ondence concerning this matter | _ | | | |
| | Rafael Diaz | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 3850 Bird Road, #60 | 00 | | | |
| | | Address | | 2011 | |
| | Miami, FL 33146 | | | NOA HIBZ | |
| | rlfydiaz@mac.com | City/State and Zip Code | | IZ SSEE SSEE | |
| | | to be used for future annual report notifi | cation) | F S | 17 |
| For further information of | concerning this matter, please c | all: | | PM 4: 07 | (Mary) |
| Rafael Diaz | | at (305) 345-8664 | | | |
| Name o | of Person | | Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| | ING ADDRESS: | STREET/COURIE Registration Section | | | |

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

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

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

| 1027 Property LLC | | | |
|--|---|---|---------------------------|
| (<u>Name of the Limite</u> | ed Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Li Florida document number L05000012291 | ability Company | were filed on 2/4/2005 | and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| The new name must be distinguishable and end with the | | oility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applications and the second seco | | 3850 Bird Road, #600 | |
| <u>(Principal office address MUST BE A STREE</u> | <u>I ADDRESS)</u> | Miami, FL 33146 | 10 N N 10 C |
| Enter new mailing address, if applicable: | | | ASSI |
| (Mailing address MAY BE A POST OFFICE I | BOX) | 3850 Bird Road, #600 | # P |
| | | Miami, FL 33145 | 52 - 5 |
| B. If amending the registered agent and/o | - | | 07 |
| registered agent and/or the new registered of | nce address ner | <u>e</u> : | |
| Name of New Registered Agent: | Rafael A Dia | az | |
| New Registered Office Address: | 3850 Bird R | oad, #600 Enter Florida street address | |
| | Miami | Florida | 33146 |

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.

Page 1 of 3

City

Zip Code

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> | Address | Type of Action | |
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| fective date mus ate this documen | other than the cut be specific, cannout is filed by the Flor | t be prior to date of | of receipt or filed | date and cannot | be more than 90 | (optional) days after |
| ffective date mus | t be specific, cannot is filed by the Flor | t be prior to date of | of receipt or filed of State) 2014 UAU | date and cannot | be more than 90 | (optional) days after |

Page 3 of 3

Filing Fee: \$25.00

