Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : CUEVAS & ORTIZ, P.A.

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Email Address:

> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE VEN MIAMI PROPERTIES, LLC

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Corporate Filing Menu

Help

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	One Ven Mi	ami Properties, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Picase return all corresp	condence concerning this matte	r to the following:	
		Roberto J. Ortiz, Esq.	
		Name of Person	
	Cueva	as, Ortiz, & Goldstein, P.A.	
	,	Finn/Company	
	7480	SW 40th Street, Suite 600	
		Address	<del></del>
		Miami, FL 33155	
		City/State and Zip Code	•
	ro	ortiz@cuevaslaw.com	1474
D & d		•	uon)
For further information	concerning this matter, please of	cait:	
<del></del>	rto J. Ortiz, Esq.	at ( 305 ) 41	31-9500
Name	of Person	at ( 305 ) 40 Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		,
<b>∑</b> \$25.00 Filling Fee	\$30,00 Filing Fee & Certificate of Status	[\$55.00 Filing Fee & Cortified 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
12 NOV 13 AM 9: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

One	Ven Miami	Properties, L	LC	
One (Name of the Limite	d Liability Comps A Florida Limited	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company	were filed on	06/29/2005	and assigned
Florida document numberL0500006	4846			
This amendment is submitted to amend the for	llowing:			
A. If amending name, enter the new name	of the limited lish	oility company he	re:	
	N/A	<b>A</b>		
The new name must be distinguishable and end w "L.L.C."	dth the words "Lim	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
		·		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
		<del>,</del>		
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter t</u>	te name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	····	·	
		En	ter Florida street addr	ess
		N/A	, Florida	N/A
		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 Mombers on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = 1 MGRM	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Gaston I. Goldm	Miami, El 33180	2 Add Remove
MGRM	Maria F. Goldma	C/O 3610 Yacht Club Drive, Unlt #100 Miami, FL 33180	2 🗸 Add — Remove
MGRM	Eduardo L. Cres	C/O 3610 Yacht Club Drive, Unit #100 Miami, Fl. 33180	2 7 Add
			Add Remove
			Add Remove
	<u> </u>		Add Remove
	N/A	tion, enter change(s) here: (Attach additional sheets, if necessary.)	FILED  12 NOV 13 AM 9: 54  SECTIONARY OF STATE JALLAHASSEE: FLORIDA
Dated	October 19	19 2012 .	_
	1/19	Mario Goldmann, Managing Member	
	——————————————————————————————————————	Mario Goldmann, Managing Member Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00