

LD5000067473

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10 MAR -4 PM 12:23

CLERK OF STATE
TALLAHASSEE, FLORIDA

N. C. 2010 MAR 8 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meadow View Shopping Center, 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:

Carlos A. Ziegenhirt, Esq.

Name of Person

Carlos A. Ziegenhirt, P.A.

Firm/Company

150 Alhambra Circle, Suite 715

Address

Coral Gables, FL 3314

City/State and Zip Code

caz123@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos A. Ziegenhirt, Esq.

Name of Person

at (305)

443-7800

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Meadow View Shopping Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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10 MAR -4 PM 12: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/08/2005 and assigned
Florida document number L05000067473.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Hector Mata, Jr.

New Registered Office Address:

11870 SW 49th Street

Enter Florida street address

Miami

City

Florida

33175

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.

[Signature]
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:

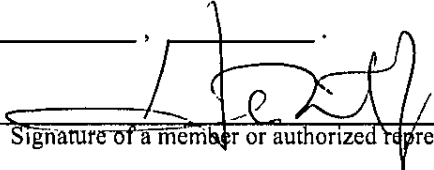
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|---|--|
| MGRM | Nancy Mata | 11870 SW 49th Street Miami, FL 33175 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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10 MAR -4 PM 12: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member
Hector Mata, Jr.

Typed or printed name of signee