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•		
(Re	equestor's Name)	
(Ad	ddress)	,
· (Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(B	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status

Special Instructions to Filing Officer:

L. SELLERS

JUN - 3 2010

EXAMINER

Office Use Only



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06/01/10--01008--007 **30.00

SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co			•	
SUBJECT: Straat Real Estate LLC					
50 20	<u></u>	Name of Limit	ted Liability Company		
The er	nclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	•	
Please	e return all corresp	ondence concerning this matter	to the following:		
Jose Rasco Name of Person					
		•	raine of reison		
Str		raat Management LLC	·		
			Firm/Company		
701 Brid		Brickell Avenue ste 174	40		
Address					
	Miami FL 33131				
			City/State and Zip Code		
		joice	@straatinvestments.co	<u>m</u>	
For fu	ırther information	E-mail address: (i	to be used for future annual repor	notification)	
		Jose Rasco	at (305)	3720075	
	Name	of Person		aytime Telephone Number	
Enclo	osed is a check for	the following amount:			
□ \$2	25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, FL 32314	Registration Division of C Clifton Build	Corporations ing ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Straat Real B	Estate LLC			
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears	on our records.)	-	
(A Florida Ellimed E	ability Company)	•		
The Articles of Organization for this Limited Liability Company	were filed on	07/27/2005 and	assigned	
Florida document number L05000073701				
•				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	;		
Straat Manage	ement LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compan	y," the designation "LLC" or t	he abbreviation	
Enter new principal offices address, if applicable:	701 Brickell Av	ve ste 860		
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33131			
Enter new mailing address, if applicable:	701 Brickell Av	re ste 860		
• • • • • • • • • • • • • • • • • • • •				
(Mailing address MAY BE A POST OFFICE BOX)	ddress MAY BE A POST OFFICE BOX) Miami FL 33131			
	-			
B. If amending the registered agent and/or registered off	ice address on o	ir records, enter the nam	e of the new	
registered agent and/or the new registered office address here		,	or the hen	
		1		
Name of New Registered Agent:		Ze 3		
		\frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2}		
New Registered Office Address:	Ent	er Florida street address		
	Ente	a riorida sireel address N		
		, Florida 🚟 🗦		
	City		Cod	
New Registered Agent's Signature, if changing Registered Agent:		21 전E/ 전E/		

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 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 Type of Action Address <u>Title</u> Name 1 MGR Jose I. Rasco ✓ Add 701 Brickell Avenue Remove ste 860 Miami FL 33131 ☐ Add 🔲 Remove ☐ Add ☐ Remove Add Remove \Box Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ nember or authorized representative of a member Signature of Juan D. Calle

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00