Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002631213)))



H100002831213ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FERNANDO JIMENO Account Number: 074553003252 Phone : (305)826-1711 Fax Number : (305)826-1738

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

Emmil Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONTREAL PROPERTIES L.L.C.

MONTHEMET NOT BILLIO, DIESCI			
Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$25.00		

Electronic Filing Menu

Corporate Filing Menu

DEC - 9 2010

FINANCE

PAGE6

H10000263121 3

SECRETARY OF STATE ARTICLES OF AMENDMENT DIVISION OF CORPORATIONS 10 DEC -8 M 7:29

## ARTICLES OF ORGANIZATION **OF**

MONTRE	EAL PROPERTIES, L	.L.C		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appeared Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liabil	lity Company were filed on	2-8-2006	and assigned	
Florida document number L0600001422	<u>4</u>			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company he	ere:		
The new name must be distinguishable and end with th	e words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
		·.·	<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
-	City	, Florida	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

## H10000263121 3

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>	Address	Type of Ac	<u>tion</u>
MGR	DAVID A LOPEZ	570 N.W. 129th WAY PEMBROKE PINES FL 33028	Add Remove	
			Add Remove	,
<del> </del>			Add Remove	
<del></del>			Add Remove 	
ant of the second			Add Remove	
<del></del>	,		Add Remove	
  	DECEMBER 7	r change(s) here: (Attach additional sheets, if necessary.)	10 DEC -8 AH 7: 29	SECKETARY OF STATE DIVISION OF GORPORATIONS
Dated		member or authorized representative of a member		NS .
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·	

Page 2 of 2

Filing Fee: \$25.00