Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : BERGER SINGERMAN - FORT LAUDERDALE

Account Number : I20020000154 Phone : (954)525-9900 Fax Number : (954)523-2872

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

Email Address: ray@baypointecolony. Net

12 JAN -LE LYED SECKETARY, OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMERALD POINTE TAMPA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

JAN - D

EXAMINER

DIVISION OF CORPO

12 JAN -4 AM 8: 05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD POINTE TAMPA, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				05
The Articles of Organization for this Limited Li Florida document number 1.06000019	ability Company		2/21/06	and assigned
This amendment is submitted to amend the folice	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		2699 W 79 STREET, #1		
(Principal office address MUST BE A STREET ADDRESS)		HIÁLEAH, FLORIDA 33016		
Enter new mailing address, if applicable:		P.O. BOX 960	296	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FLORIDA 33296		
B. If amending the registered agent and/or registered agent and/or the new registered of	fice address her	<u>c</u> ;	ır records, <u>enter t</u>	us name of the new
Name of New Registered Agent:	RALPH VELOCCI			
New Registered Office Address;	2699 W 79 STREET, #1 Enter Florida street address			
	····	HIALEAH City	, Florida	33296 Zip Code
Non-Bushaman kan da Standari da da andari		0.0		My Comp

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to uct 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 have by confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Mai MGRM = M	nager Ianaging Member		
Title	Name	Address	Type of Action
MGRM	JORGE MORERA	1637 NW 27 AVENUE, #200 MIAMI, ELORIDA 33125	Add ✓ Remove
MGRM	ALBERTO ARISSO	1637 NW 27 AVENUE, #200 MIAMI, ELORIDA 33125	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Removo
D. If amend	ling any other information, enter cha	nnge(s) here: (Attach additional sheets, if necessary.)	
			DIVI 12
Dated /2	2 · 30 / 2	· · · · · · · · · · · · · · · · · · ·	SECRETARY VISION OF C
Dayket	Thefle	Color or authorized representative of a member	Y OF STATE
	Zw/p	9 Celacione de printed name of signee	SHOIL SHOIL

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