L06000024459

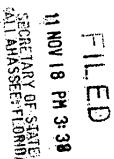
| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e#) |
| <u></u> | | <u></u> |
| PICK-UP | ☐ WAIT | MAIL ' |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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J. BRYAN

NOV 21 2011

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | |
|--|--|--|--|
| SUBJECT: | | | |
| The enclosed Articles o | f Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corresp | oondence concerning this matter | r to the following: | |
| | Jackie C |) V † 2 Name of Person | |
| | Arcadia | Property, LLC Firm/Company | |
| Division of Corporations UBJECT: Arcadia Property LUC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Jackie Dytt2 | | | |
| | N-Miami | FL · 33161 City/State and Zip Code | 3.33 Online |
| | jackie ovnze E-mail address: | come of the control o | tent.com |
| For further information | concerning this matter, please of | cali: | |
| Jackie | Ortiz of Person | | |
| <i>t</i> | the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| | | | |

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



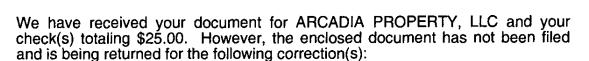
FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2011

JACKIE ORTIZ ARCADIA PROPERTY, LLC 696 NE 125 ST N. MIAMI, FL 33161

SUBJECT: ARCADIA PROPERTY, LLC

Ref. Number: L06000024459



Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 111A00025345

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Arcadio Pro | overty, LLC | |
|--|--|--------------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our i Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability (| Company were filed on <u>03\07\2</u> | and assigned |
| Florida document number L0600024459 | · | |
| This amendment is submitted to amend the following: | | v |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Company," the d | esignation "ELC" or the abbreviation |
| "L.L.C." | | |
| Enter new principal offices address, if applicable: | | To o m |
| (Principal office address MUST BE A STREET ADD | RESS) | - F. 2 O |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | . I |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ds, enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florid | la street address |
| | | Florida |
| | 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 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 **Address Type of Action Title** <u>Name</u> Arie Ben Assayag Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | Will the state of | | |
|--------|---|--|--|
| | | | |
| ated | Nov. 14 | | |
| u.cu _ | | Signature of a member or authorized representative of a member | |

Page 2 of 2

yped or printed name of signee

Filing Fee: \$25.00