

Division of Corporations

Page 1 of 1

L06000085927

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ADAM R. SCHIFFMAN, P.A.
Account Number : I20000000100
Phone : (305) 682-1328
Fax Number : (305) 682-0063

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

Email Address: _____

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TALLAHASSEE, FLORIDA

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C. LEWIS
MAY 7 2010
EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 1101 O.P., L.L.C.
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:

ADAM R. SCHIFFMAN, ESQUIRE

Name of Person

ADAM R. SCHIFFMAN, P.A.

Firm/Company

2750 N.E. 185 STREET, SUITE 201

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

aschiffman@olympiatile.com

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

For further information concerning this matter, please call:

ADAM R. SCHIFFMAN, ESQUIRE

Name of Person

at (305)

682-1328

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

FILED

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

2010 MAY -6 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1101 O.P., L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 08/31/2006 and assigned
Florida document number L06000085927.

This amendment is submitted to amend the following:

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

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:

1486 Commodore Way

(Principal office address MUST BE A STREET ADDRESS)

Hollywood, Florida 33019

Enter new mailing address, if applicable:

same

(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:

ADAM R. SCHIFFMAN, ESQUIRE

New Registered Office Address:

2750 N.E. 185 STREET, SUITE 201

Enter Florida street address

AVENTURA

, Florida

33180

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RAFAEL VICENTE PICHARDO / SALAZAR	1486 Commodore Way Hollywood, Florida 33019	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TOMAS VAZQUEZ	8490 South Lake Forest Drive Davie, Florida 33328	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

Dated

May

2010

Signature of a member or authorized representative of a member

ADAM R. SCHIFFMAN, ESQUIRE, as Attorney-in-Fact

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED
2010 MAY -6 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DURABLE POWER OF ATTORNEY

I, **RAFAEL VICENTE PICHARDO SALAZAR** (the "principal"), hereby nominate, designate and appoint **ADAM R. SCHIFFMAN, ESQUIRE** (the "attorney in fact"), as my true and lawful attorney, for and in my name, place and stead, and for my benefit, giving and granting unto said attorney in fact full power and authority to exercise or perform any and all actions, powers, duties, rights, or obligations whatsoever, that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including but not limited to homestead real property, property held in any type of joint tenancy (including tenancy in common, joint tenancy with right of survivorship or tenancy by the entirety), any property over which I may have a power of appointment, and any rights or elections in any probate proceeding or trust administration, as fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact shall lawfully do or cause to be done by virtue of the powers herein granted.

THIS DURABLE POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT INCAPACITY, except as provided in Section 709.08, Florida Statutes, it being my intention that the power conferred herein on the attorney in fact shall be exercisable from the date of this instrument, notwithstanding my later disability or incapacity, unless otherwise provided by said statute.

Whether or not this instrument is executed and delivered in the State of Florida, the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of its provisions. Nonetheless, it is intended that this power shall be exercisable in any jurisdiction.

Third parties may rely upon the representations of my attorney in fact as to all matters relating to any power granted to my attorney in fact, and no person who may act in reliance upon the representations of my attorney in fact or the authority granted to my attorney in fact shall incur any liability as a result of permitting my attorney in fact to exercise any powers granted herein. Third parties acting in reliance upon this durable power of attorney shall be protected as provided in Section 709.08(4), Florida Statutes.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney and I have authorized that photocopies of this power be made, which shall have the same force and effect as an original, and I agree to indemnify anyone acting in reliance on such a photocopy.

DATED at Miami-Dade County, Florida, on the 26th day of April, 2010.

Witnessed by:



Signature of Witness

Adam R. Schiffman

Print Name of Witness



Signature of Witness

Inga Larsen

Print Name of Witness

By:



**RAFAEL VICENTE PICHARDO
SALAZAR, PRINCIPAL**

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

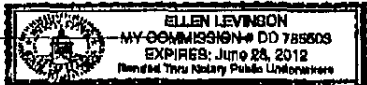
The foregoing durable power of attorney was acknowledged before me, this 24th day of April, 2010, by
RAFAEL VICENTE PICHARDO SALAZAR, who is personally known to me or who produced _____
_____ as identification.



Signature of Notary Public

Ellen Levinson
Print Name of Notary Public

Commission Number:



[INSERT NOTARY SEAL]