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ELGRETARY OF STATE
TALLAHASSEE: FLORIDA

D. BRUCE

FEB 2.8 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co		• •		*
SUBJECT:	onher Property Name of Limit	Monagement L'ed Liability Company	LC	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Fares	Chandow Name of Person		
	Frontier Or	operty Manage m	ent, UC	
	1862 NE V	44H Street		12 FEB 27
	North Mian	ni FL. 33181	, , , , , , , , , , , , , , , , , , ,	ak f mage. The district of the state of the
	Fares, ahanda	City/State and Zip Code Out Quantity De used for future annual report notifica	tion)	PH 3: 25 OF STATE F. FLORID!
For further information	concerning this matter, please ca	ıll:	,	
Fares Chame	handour of Person	at (305 392 - 797 Area Code & Daytime 7	Pelephone 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)	S60.00 Filing F Certificate of Certified Cop (additional co	f Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRONTIER PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re	ecords.)
(A Florida Limited	Liability Company)	, ·
ne Articles of Organization for this Limited Liability Companorida document number <u>LOGOOJ 33596</u>	y were filed on <u>12/27</u>	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
e new name must be distinguishable and end with the words "Lin.L.C."	nited Liability Company," the de-	signation "LLC" or the abbreviat
L.C.		23 3
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
megal office maress needs bull of Real (100 hadd)		5 27 T
•		To 3 III
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		ည်က ပါ
·		
	.	
If amending the registered agent and/or registered o		ls, enter the name of the n
istered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	Fares Chandow	1852 NE 144H Sheet North Miami, FL 33181	Add Kemove
MOR	Infinit Real Estate, U.C.	1852 NE 144H St North Miami, FL. 33181	Add Remove
<u>mGR</u>	Global Advising UC.	13801 NE 3rd Court B128 North Miami, FL 33161	Add Remove
	· 		Add Remove
			Add Remove
· 			Add Remove
D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
 Dated &	Signature of a member of Typed or	r authorized representative of a member Solution Reprinted name of signee Page 2 of 2	RYOF S

Filing Fee: \$25.00