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N. OUHRDEN JAN 2 7 2012

## **COVER LETTER**

TO: Registration Section , 'Division of Corporations
SUBJECT: DSCAR AND NORA REALTY LLC
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:
NORA SOTOLONGO  Name of Person  28 CAR AND NORA REACTY LLC  Firm/Company
Name of Person
WSCAR AND NORA PLENCTY LLC
8962 S. HOLLYBROOK BLUS # 103
Address  PEMBROKE PINES FL 33025  City/State and Zip Code  NORA SOTOLONGO & JAHOO, Com  E-mail address: (to be used for Muture annual report notification)
City/State and Zip Code
NORA OF TOLONGO AHOO, COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NOLA SOTOLONGO at (786) 357 1906
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JAN 26 PH 12: 26 The Articles of Organization for this Limited Liability Company were filed on 01/17/20/2Florida document number 201000074253 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." 8962 8. HOLLYBROOK BLUD #103 PEMBROKE PINES, FL 33025 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address Florida \_ City

## 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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager '

MGRM = Managing Member **Type of Action** Address Title MGRM NORA SOTOLONGO ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) WHEN ORGINALLY FILED, NORA WAS LISTED AS MIGR IN ERROR THE CORRECTION SHOULD BE AS LISTED ABOVE ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00