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FILED 10 JUL 27 PM 1:21 SECRETARY OF STATE SECRETARY OF FLORIDA

J. BRYAN

JUL 28 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	66 E	states LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	angela vidal		
		Name of Person	LAR U
	66 Estates LLC		27
	•	SEE	
	1	ORETARY OF STATE	
		- ORING	
	mi	ami beach, FL 33139	9
		City/State and Zip Code	
•	nec	tarcreek@hotmail.com	m
For further information con	·	·	or notification)
For justifier information con	cerning this matter, please c	an.	
	oy silva	at (_305_)	981-2859
Name of P	erson	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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		· ·	
	ADDRESS: STREET/COURIER ADDRESS: Registration Section		
Division	Division of Corporations Division of Corporations		Corporations
	P.O. Box 6327 Cliffon Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	66 Estates LLC				
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Lia	ability Company were filed on	9/21/2007	and assigned		
Florida document number L07000097	056				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:		TASE 6		
(Principal office address MUST BE A STREET	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	强 工		
Enter new mailing address, if applicable:			ASSEE, F		
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		第 2		
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:		ntar Florida strast ad	trace		
	£.	Enter Florida street address			
	City	, Florida	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 **Title** Name **Address Type of Action** mgrm Rene Gioia Jr. 1521 alton road #122 ☐ Add miami beach FL 33139 Remove Paradox Estates Ltd mgrm 1521 alton road #122 ✓ Add miami beach, FL 33139. ☐ Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Hngela Lesso Vidal
Signature of a member or authorized representative of a member ANGELA LESSA UIDAL
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00