## L07000114884

Office Use Only



900208619379

06/10/11--01030--002 \*\*60.00

SECRETARY OF STATE

B. BOSTICK
JUN 1 3 2011
EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor		40				
SUBJECT:	Reg	is 1702 LLC				
		nited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing,				
Please return all correspond	ndence concerning this matte	er to the following:				
		J. Bared				
		Name of Person				
Bared and Associates, PA						
		Firm/Company	<del>, , , , , , , , , , , , , , , , , , , </del>			
		2950 SW 27 Avenue				
Address						
Miami, FL. 33133						
	City/State and Zip Code				4	
	E-mail address: (to be used for future annual report notification)					
For further information co	oncerning this matter, please		meanony	HASSEI	0 I MU	
M	limi Bared	at ( 305 )	666-6010	51⊆ <del>m</del>	7	
Name of	Person	Area Code & Dayti	ime Telephone Number	LORIDA	#110:114	
Enclosed is a check for the	e following amount:			_		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Statu		sed)

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

R	egis 1702 LLC			
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now ap a Limited Liability Compa	pears on our records.) ny)	<del></del>	
The Articles of Organization for this Limited Liability	•		27 and assigned	
Florida document number L07000114884	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company	<u>here</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Co	mpany," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)		¥. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩.	
			AF E T	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			ORID I	
		•	> <del></del>	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address o	n our records, enter	the name of the new	
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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>Mgr</u>	Angel Junquera	c/o 2950 SW 27th Ave Suite 100 Miami, FL. 33133	✓ Add Remove
MGRM	Angei Junquera	c/o 2950 SW 2772 AVC Suite 100 Miami, FL 33133	Add  Remove
			Add Remove
			Add Remove 
			Add Remove
	,		Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
		TALLAHASSEE FLOR	
Dated	June 8, 2011	RIDA	
		authorized representative of a member unquera, Manager printed name of signee	

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Filing Fee: \$25.00