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MERCHARSSFF FLOORE.

D. BRUCE FEB 2 4 2012 EXAMINER

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co						
SUBJI	· ECT:	Tenant I	Evaluation LLC				
SC 20.		Name of Lim	ted Liability Company				
		of Amendment and fee(s) are sub	_				
Please	return all corresp	oondence concerning this matter	to the following:				
			Luis Teran				
			Name of Person				
	Tenant Evaluation LLC						
	Firm/Company						
	18851 NE 29th Avenue Suite 710						
	Address						
		Aventura, Florida 33180			Ē.	==	
		City/State and Zip Code			SP	l2 FEB	ander Hiller
			@tenantevaluation.com to be used for future annual report no	tification)	HASS	823	Emples Malerin
For fur	ther information	concerning this matter, please of	·	(incution)	1,338 40 At		
					FLOI	3	
	Name	Luis Teran of Person	at (954)	319-5823 ime Telephone Number	RES	58	
	Name	of Ferson	Area coue & Daye	ime relephone Number			
Enclos	ed is a check for	the following amount:					
\$25	(additional copy is enclosed) Certified			te of Statu		ed)	
	Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COUI Registration Sec Division of Corp				

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tenant Eval					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on	12/05/200	7	and as	signed
Florida document number L07000120931					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :			
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Compa	any," the designat	ion "LLC"	or the	abbreviatio
Enter new principal offices address, if applicable:	290 N.W. 165th Street				
(Principal office address MUST BE A STREET ADDRESS)	Suite M-500				
	Miami, FL 33	169			
Enter new mailing address, if applicable:	290 N.W. 165	5th Street	LIAHA	12 FEB	
Mailing address MAY BE A POST OFFICE BOX)	Suite M-500			(S)	
	Miami, FL 33	169	1. CH	7	П
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>en</u>	nterethe n	:: igne	of the nev
Name of New Registered Agent:	···				
New Registered Office Address:	En	nter Florida stree	et address		
		, Florid	la		
	City		Zi	ip Cod	le

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>	Address	Type of Action				
MGR	Leopoldo Coniglione	3777 NW 78TH AVE APT 1 HOLLYWOOD, FLORIDA 3	2H				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. Ifam	nending any other information, ente	r change(s) here: (Attach additional sheets,	if necessary.)				
			12 FEB 2				
Dated	February 17	2012 .	MIII: 58				
			₩ &				
	Signature of a	Signature of a member or authorized representative of a member					
		Luis Teran Typed or printed name of signee					
		Types of printed hame of signed					

Page 2 of 2

Filing Fee: \$25.00