

LOS 000008577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900270510529

03/12/15--01020--020 \*\*25.00

FILED  
MAR 12 2015  
15 MAR 12 AM 10:06

J. Stevens MAR 31 2015

*Marlene Leon-Rubido*

Attorney At Law

Coral Way Law Center  
6780 Coral Way  
Miami, Florida 33155  
email: [marlenerubido@earthlink.net](mailto:marlenerubido@earthlink.net)

Tel: (305) 596-2211  
Tel: (305) 261-4000  
Fax: (305) 669-9202

March 9, 2015

Division of Corporation  
Florida Department of State  
Amendment Section  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: North Gables Building, LLC**

Dear Sir or Madam:

As per your instructions, enclosed are the following:

1. Articles of Amendment.
2. Check in the sum of \$25.00, representing your fee for the filing.

Thank you for your courtesies and please do not hesitate to contact me if you have any questions.

Sincerely,

  
Marlene Leon-Rubido, Esquire

Enclosures

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NORTH GABLES BUILDING, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/24/2008 and assigned  
Florida document number L08000008577.

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."

**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

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mario Castellanos	3761 SW 139 Place	<input checked="" type="checkbox"/> Add
		Miami, Florida 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
15 MAR 12 AM 10:06  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

---

---

---

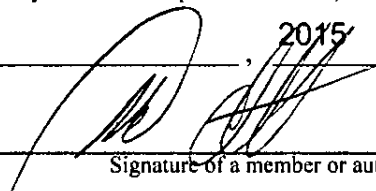
---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated March 9

2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Mario Castellanos, Manager**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

FILED  
15 MAR 12 AM 10:06