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D. BRUCE

MAY - 7 2010

EXAMINER

' COVER LETTER

TO:	Registration S Division of Co			
SUBJ	FCT∙	RAMIREZ FLOR	IDA PROPERTIES LLC	
SUBJ.	EC1.	·· · · · · · · · · · · · · · · · · · ·	ited Liability Company	
The er	nclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	oondence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
248			Address	TO MA
	O MAY -6 PH LE: 47 COREDARY OF STATE LLAHASSEE, FLORID			
		MIS	SSION VIEJO CA 92691 City/State and Zip Code	
		h	ugoeramirez@cox.net	
a		E-mail address: (to be used for future annual report notification)	
For fu	rther information	concerning this matter, please	call:	
		igo E Ramirez	at (949) 923-1133	
	Name	of Person	Area Code & Daytime Telephone Num	iber
Enclos	sed is a check for	the following amount:		
\$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, ficate of Status & fied Copy tional 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	i:

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

RAMIREZ F	LORIDA	PROPERTIE	ES LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Compar rida Limited L	iy as it now appea iability Company)	rs on our records.	
The Articles of Organization for this Limited Liabil		were filed on	May 13, 2008	and assigned
Florida document numberL0800004764	8			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liab	ility company he	<u>re</u> :	
EN	CLAVE VIL	LAGE LLC		
The new name must be distinguishable and end with th 'L.L.C."	e words "Limi	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	2:	24815 ACRC	POLIS DRIVE	
(Principal office address MUST BE A STREET A	DDRESS)	MISSION VII	EJO CA 92691	
				<u> </u>
Enter new mailing address, if applicable:		N/A		MAY T
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	<u> </u>		West of L
				当 3 17
B. If amending the registered agent and/or a registered agent and/or the new registered office			our records, <u>enter t</u> l	he name of the nev
		=-		
Name of New Registered Agent:	IUGO E. R	AMIREZ		
New Registered Office Address: 1	5912 WOC	DPOST PLAC		
		Enter Florida street address		
_		TAMPA	, Florida	33624
		City		Zip Code
<u>New Registered Agent's Signature, if changing Regi</u>	stered 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>	<u>Address</u>	Type of Action			
MGR	HUGO E. RAMIREZ	24815 ACROPOLIS DRIVE MISSION VIEJO CA 92691	Add Remove			
MGR	NICHOLAS RAMIREZ	10 HIDDEN CREEK LANE LAGUNA HILLS CA 92653	Add ☑ Remove			
``			Add Remove			
	.		Add Remove			
			Add Remove			
			Add Remove			
D. If amer	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	10 MAY -6			
_			PMID 17			
Dated	APRIL 28,	2010				
	Signature of a mo					
		HUGO E RAMIREZ				
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00