

Division of Corporations

Florida Department of State
Division of Corporations
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(((H10000161473 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SANDRA ROLON & ASSOCIATES, CPA, PA
Account Number : I19980000068
Phone : (954) 437-0700
Fax Number : (954) 436-8195

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Alina@SRACPA.net

RECEIVED

10 JUL 14 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SFR REAL ESTATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 14 PM 3:51

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Corporate Filing Menu

G. MCLEOD Help

JUL 15 2010

EXAMINER

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

SFR REAL ESTATE, 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 05/15/2008 and assigned
Florida document number L08000048788

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 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

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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

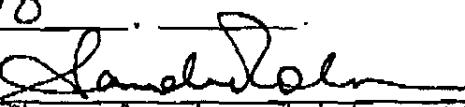
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	FRANCISCO ROLON	18601 TROON DRIVE MIAMI, FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROLON FINANCIAL GROUP, INC	3600 RED ROAD SUITE 403 MIRAMAR, FL 33025	<input checked="" 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

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

Dated

7/14/10


 Signature of a member or authorized representative of a member

SANDRA ROLON

Typed or printed name of signee

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