

✓
L08000074596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

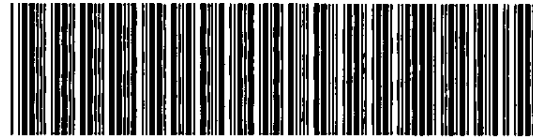
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 10 PM 12:23
FALL ARREST, 110.100

B. BOSTICK

JAN 15 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Re/Max Commercial Associates, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Padron
Name of Person

Re/Max Sunny Isles, LLC
Firm/Company

17600 Collins Avenue
Address

Sunny Isles Beach, FL 33160
City/State and Zip Code

helenp@remax.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Padron at (305) 384-6660 x 5005
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

TALLAHASSEE, FL 32301

2014 JAN 10 PM 12:23

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

Re/Max Commercial Associates, 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 08/04/2008 and assigned
Florida document number L 08000074596.

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)

17600 Collins Avenue
Sunny Isles Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17600 Collins Avenue
Sunny Isles Beach, FL 33160

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:

Gisela Padron

New Registered Office Address:

17600 Collins Avenue

Enter Florida street address

Sunny Isles Beach, Florida 33160
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.

x Gisela Padron
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

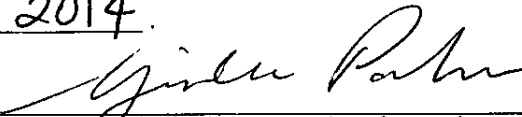
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jose M. Padron	2500 Weston Road	<input type="checkbox"/> Add
		Suite 103	<input checked="" type="checkbox"/> Remove
		Weston, FL 33331	
AMBR	Gisela Padron	17600 Collins Avenue	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated Jan 8, 2014.



Signature of a member or authorized representative of a member

GISELA PADRON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 10 PM 12:24
TALLAHASSEE, FLORIDA