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B. BOSTICK

FEB 2 8 2013

EXAMINER

COVER LETTER

Division of Corp		r r	
SUBJECT:	Hot Real E	state Properties 12 ed Liability Company	ealty LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Marie Evole	Name of Person	ert
		Firm/Company	
	1045	NE 208 ST Address	A: 7
	MiAMi,	FL 33179 City/State and Zip Code	THED 13 FEB 27 AHII: 26 ALL AT ALL AT ALL AT ALL AT ALL AT ALL ALL
	E-mail address: (t	ollaert aaol. Co be used for future annual report notificati	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information co	oncerning this matter, please ca	·	าะ 26
Name of	Person	at (305) 467-89 Area Code & Daytime Te	888
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hot Real Estate Properties Realty LL			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appe ted Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Comp		08/28/8	and assigned
Florida document number <u>LOZDODO 82</u> (660	·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
Hot South Florida Properties Realty LLC			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Com	pany," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	******		>
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>		5. 3
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			25
			0A
B. If amending the registered agent and/or registered		our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	i	Enter Florida street	t address
		, Florid	
	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

If afnending 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	
			Add	
			Remove	
			[] Remove	
				
	 		Add	
			Remove	
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			Add	
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			26 Add	
		 		
			Remove	
				
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			Remove	
			Kinove	

D. If a	imending any	other information, enter change(s)	here: (Attach additional sheets, if necessary.)
			
	-		
Dated	Februa	ry 22 201	<u>3</u> .
		Mali (d	Valley
		Signature of a member or a	authorized representative of a member
		Typed or pi	inted name of signee

Page 3 of 3

Filing Fee: \$25.00

13 FEB 27 AM II: 2