L08000115275

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T. HAMPTON MAY 1 4 2010

EXAMINER

COVER LETTER

TO:

то:	Registration S Division of Co				
SUBJE	·CT·	SECRE	T HOMES LLC		
БОВО			ted Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:	•	
	STEFANO LORUSSO				
			Name of Person		
			Firm/Company		
999 I			CKELL AVENUE SUITE 9	00	
			Address		
		M	IAMI FLORIDA 33131 City/State and Zip Code	<u></u>	
		S.LOF	RUSSO@LORUSSO.NET		
		E-mail address: (t	o be used for future annual report noti	fication)	
For fur	ther information	concerning this matter, please c	all:		
STEFANO LORUSSO			at (305)	808 7905	
	Name	of Person	Area Code & Daytin	ne Telephone Number	
Enclose	ed is a check for t	the 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)	
	Regist Divisi P.O. E	ING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 MAY 13	SECKETARY DIVISION OF C
PH	STANDERA CORPORA
73	RATION

SECRET HO	OMES LLC			±
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	and assign	TATE TATE
The Articles of Organization for this Limited Liability Company	were filed on	12/18/2008	and assign	eď:
Florida document numberL08000115275				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Comp	any," the designation "L	.LC" or the abbr	eviation
Enter new principal offices address, if applicable:	999 BRICKELL AVENUE SUITE 900			
Principal office address MUST BE A STREET ADDRESS)	MIAMI FLOF	RIDA 33131		
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	999 BRICKE	LL AVENUE SUIT	E 900	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FLORIDA 33131			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of t	he new
Name of New Registered Agent:				
New Registered Office Address:	Ei	nter Florida street addi	ress	
·		Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add □ Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member STEFANO LORUSSO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00