Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Account Number : I20000000205

Phone : (305)416-6800 Fax Number : (305)416-6811

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LC AMND/RESTATE/CORRECT OR M/MG RESIGN PARC CENTRAL 1812, LLC

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10/19/2010 11:15 3054166811

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COVER LETTER

Pivision of Co						
SUBJECT:	Parc Cer	ntral 1812, LLC				
JOBSEC 1.		ted Liability Company				
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		Diane M. Hemandez				
		Name of Person				
Adams Gallinar, P.A. Firm/Company						
	1000 Brickell Avenue, Suite 300					
Address						
•		Miami, Florida 33131				
	dit.	City/State and Zip Code				
	E-mail address: (ernandez@agilaw.com to be used for future annual report notifica	tion)			
For further information	n concerning this matter, please o	call:				
Diar	ne M. Hernandez	at (305) 4	16-6800			
Name	e of Person	Area Code & Daytime 1	Celephone Number			
Enclosed is a check for	r the following amount:					
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	ILING ADDRESS: stration Section	STREET/COURIE Registration Section	R ADDRESS:			
Division of Corporations		District of Comment	·			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ADAMS GALLINAR PA

PAGE 03/04

DIVINION SECRETARY OF STATE OF STATE FILED.

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

10 OCT 19 AM 8: 16

Parc Central 1812, 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	and assigned		
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" "L.L.C."	or the abbreviation		
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 registered agent and/or the new registered office address here:	name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address	Enter Florida street address		
, Florida	7: 0 1		
New Registered Agent's Signature, if changing Registered Agent:	Zip Code		
TOTAL PARTIES AND A PARTIES OF THE PROPERTY WAS TO SELECT THE PARTIES AND ADDRESS OF THE PARTIES AND A			

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

<u>Title</u>	Name	Address	Type of Action
Mgr	Julio Eduardo Marino	1000 Brickell Avenue Sulte 300 Miami, Florida 33131	Add Remove
<u>Mgr</u>	Maria Victoria Marino	1000 Brickell Avenue Suite 300 Miami, Florida 33131	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessar	(ימ
- - - -			SECRETARY OF STA
Dated	October 19	dent	TATION
	•	ember or authorized representative of a member	· <u> </u>
	T T T T T T T T T T T T T T T T T T T	Adams, Authorized Representative Typed or printed name of signee	

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Filing Fee: \$25.00