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**EXAMINER** 

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations					
SUBJE	·CT·	GIULIA RE	AL ESTATE, LLC			
3000	WI.					
The end	closed Articles of Amendme	nt and fee(s) are sub	mitted for filing.	•		
Please :	return all correspondence co	ncerning this matter	to the following:			
		E	BRIAN DEL FIERRO Name of Person		_	
		•				
	<del></del>		BAL CHEEMA CPA Firm/Company		-	
		83	801 NW 197 STREET	-	_	
			Address			
			MIAMI, FL. 33015		<del>-</del>	
	ga ya wake emili Mariji <u>Tu</u>	E-mail address: (t	City/State and Zip Code brian@balcpa.com o be used for future annual repo	Recognition (1997)	2011 JUL 25 SEGRETARY TALLAHASSE	·
For fur	ther information concerning	this matter, please of	all:		L 25 TARY IASSE	gram.
	BRIAN DEL F	IERRO	at ( 305 )	764-1073		
	Name of Person		Area Code &	Daytime Telephone Number	AH II: QL	. 14ª
Enclose	ed is a check for the following	g amount:				
<b>√</b> \$25		O Filing Fee & rifficate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certific	iling Fee, cate of Status & cd Copy onal copy is encle	osed)
	,			•		
	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations ·	Registration Division of Clifton Buil	Corporations		

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

( <u>Name of the Limited</u> (A	GIULIA REA Liability Compa Florida Limited I	AL ESTATE  ny as it now appears  tability Company)	on our records.)			
The Articles of Organization for this Limited Li Florida document number L09000024	03/11/2009	and assigned				
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end wit "L.L.C."	the words "Limi	ited Liability Company	"," the designation "I	LLC" or th	e abbrev	riation
Enter new principal offices address, if application	ıble:	8301 NW 197 S	STREET	275	7	
(Principal office address MUST BE A STREE		MIAMI, FL. 330	, , , , , , , , , , , , , , , , , , ,	A	<u> </u>	
				HASA	_ <del> </del>	unçin beşamin Manazari
				RY (	Ġ	brace.
Enter new mailing address, if applicable:	8301 NW 197 S	STREET	11 C	<b>=</b>		
(Mailing address MAY BE A POST OFFICE A	MIAMI, FL. 330	)15	OR A	=		
				DE	<b>9</b>	
B. If amending the registered agent and/or the new registered of			r records, <u>enter (</u>	t <u>he name</u>	of the	new
Name of New Registered Agent:	BALWANT	CHEEMA				
New Registered Office Address:	8301 NW 19	97 STREET	_			<del></del>
	Enter Florida street address					
	MIAMI, Florid		33015			
	City		Zip Co	rde		
New Registered Agent's Signature if changing R	egistered Agent:	ı				

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 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 **Type of Action** <u>Title</u> **Name Address** MGR ALVARO CASTILLO 1390 BRICKELL AVENUE ☐ Add ✓ Remiove SUITE 200 MIAMI, FL. 33131 Remove Add Remove Remove 1 4 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 18TH 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00