## 409000032118

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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 APR 23 PM 2: 44

T. HAMPTON

APR 2 4 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			*
SUBJECT: 448 TA		2. 17:13%	
	(Name of Lim	ited Liability Company)	
	Amendment and fee(s) are sub	-	
	Annette Martinez	-	
		(Name of Person)	
	448 TAMARIND LLC		
		(Firm/Company)	
	9425 SW 72 STREET, S		
		(Address)	
	MIAMI, FL 33173		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	ail:	
(Name	of Person)	at ()(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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

448 TAMARIND LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 04/01/2009	and assig	gned
Florida document number L09000032118			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "Ll	LC" or the ab	breviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_ <u>₹</u> s_
	<u> </u>		<u> </u>
		23	SE S
Enter new mailing address, if applicable:	9425 SW 72 STREET, SUITE 180	3	200E
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33173		NOR S P
		<u>-</u>	ATE
		4-	S.
B. If amending the registered agent and/or registered of		e name of	the nev
registered agent and/or the new registered office address her	<u>e:</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida	(Zip Code)	<u>,                                      </u>
	(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 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>	<u>Name</u>	Address	Type of Action
MGR	JULIO CASTANEDA	2771 Executive Park Drive. Suite # 3 Weston, Fl 33331	Add Remove
MGR	ANNETTE MARTINEZ	9425 SW 72 STREET, SUITE 180 MIAMI, FL 33173	■ Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amendi	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	<i>y.)</i>
			SECRETARY DIVISION OF C  09 APR 23
Dated April 2	1 , 2001 1 , 2001	9	ILED RY OF STATE CORPORATION  3 PH 2: 44
<del>-</del>	Annette Martinez	ber or authorized representative of a member	

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Filing Fee: \$25.00