

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## **AROUND THE WORLD PROPERTY MANAGEMENT LLC**

| Certificate of Status | 0       |
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| Page Count            | 03      |
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C. LEWIS

MAY 2 0 2009

**EXAMINER** 

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| ň,  |   | 0   | F                                    |   |                                      |  |
|   | AROUND THE W  |   |                                      |   | CRETARY OF STATE<br>AHASSEE, FLORIDA |  |
| <u> </u>  | (Name of the Limited<br>(A  | Liability Compa   | ny as it now appe                    |   |                                      |  |
|   | A)  | Florida Limited I   | Liability Company                    | )   |                                      |  |
| The Articles of Or  | ganization for this Limited L   | iability Company  | were filed on                        | 04/14/2009  | and assigned                         |  |
| Florida document i  | number L0900036   | 6053  |                                      |   |                                      |  |
|   |   |   |                                      |   |                                      |  |
| This amendment is   | s submitted to amend the foll   | owing:  | ,                                    |   |                                      |  |
| A. If amending n  | ame, <u>enter the new name o</u>  | <u>f the limited liab</u>                                     | <u>ility company h</u>               | <u>ere</u> :  |                                      |  |
|   |   |   |                                      |   |                                      |  |
| The new name must<br>"L.L.C."   | t be distinguishable and end wi   | th the words "Lim   | ited Liability Com                   | pany," the designation "                              | LLC" or the abbreviation             |  |
|   | pal offices address, if applic  | ublas   | 6864 SW 1                            | 88 CT   |                                      |  |
|   | nddress MUST BE A STREE   |   | MIAMI FL 3                           |   |                                      |  |
| <u>IT INCIPUL MITE A</u>  | HUTESS MODE DE 71 O MICH  | <u>.1 ADD (C.50)</u>  |                                      |   |                                      |  |
|   |   |   | ····                                 |   |                                      |  |
| Enter new mailin  | g address, if applicable:   |   | 6864 SW 166 CT                       |   |                                      |  |
| (Mailing address )  | MAY BE A POST OFFICE  | BOX)  | MIAMI FL 33193                       |   |                                      |  |
|   |   |   |                                      |   |                                      |  |
|   |   |   | ,                                    |   | -i.                                  |  |
|   | the registered agent and/<br>and/or the new registered o  |   |                                      | our records, enter                                    | the name of the new                  |  |
|   |   |   | <b>---</b> .                         |   |                                      |  |
| Name of   | New Registered Agent:   |   | ·····                                | •   | · •                                  |  |
| New Rec   | sistered Office Address:  | 6864 SW 1   | 66 CT                                |   |                                      |  |
|   | and the other Address.  |   |                                      | Enter Florida street ad                               | dress                                |  |
|   |   |   | MIAMI                                | , Florida   | 33193                                |  |
|   |   |   | City                                 |   | Ztp Code                             |  |
| New Registered A  | cont's Signature, if changing   | Registered Agent  | 1                                    |   |                                      |  |
| the provisions of all<br>accept the obligation<br>being filed to mere | appointment as registered appointment as registered applied in the propons of my position as register<br>by reflect a change in the register<br>notified in writing of this cha | er and complete p<br>ed agent as provi<br>istered office addi | erformance of m<br>ded for in Chapte | y duples, and I am fami<br>er 608, F.S. Or, if this a | liar with and<br>locument is         |  |
|   |   | if Changing   | Regiettred Agent, SI                 | manue of New Restatored                               | hatnt                                |  |
|   |   | Page 1 of 2   | : [                                  |   |                                      |  |
|   |   |   |                                      |   | <b>*</b> ,•                          |  |
|   |   |   |                                      |   |                                      |  |
| 1<br>2  |   |   |                                      |   | • •                                  |  |
| z·d   | 276444420E  |   |                                      | 48 ECES   | 19 2005 GI ReM                       |  |

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records: (((H09000125109)))

## 'MGR = Manager MGRM = Managing Member

•

| <u>, Title</u> | Name                                       | Address  | Type of Action                        | <u>n</u>     |
|----------------|--|--|---------------------------------------|--------------|
| . <u>P</u>     | MARIA ESCANDELL                            | 3081 SALCEDO ST 2ND FLOOR<br>CORAL GABLES FL 33134 | Add<br>Remove                         | . ••         |
|                |  |  | Add Remove                            |              |
| ·              |  |  | Add                                   | ÷            |
|                |  |  | Add                                   | •            |
|                |  |  | Add                                   |              |
|                |  |  | Add<br>Remove                         | •            |
| D. If an       | nending any other information, enter chang | c(8) here: (Attach additional sheets, if necessary | ۷.)                                   |              |
|                | THE NEW PRESIDENT SHALL BE:                |  |                                       |              |
| ,              |  | 6864 SW 166 CT                                     |                                       | •            |
|                |  | MIAMI FL 33193                                     | <u></u>                               |              |
|                | THE NEW ADDRESS FOR THE VP                 |  | <del></del>                           |              |
| Dated _        |  | 009<br>009   | I I I I I I I I I I I I I I I I I I I | ח<br>=<br>דו |
| ı.             | _  | uthon yed representative of a member               |                                       |              |
|                |  | inted name of signes                               | STATE                                 |              |
|                |  | Page 2 of 2  | רט <sup>ייים</sup><br>א               |              |

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