

L09000067450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

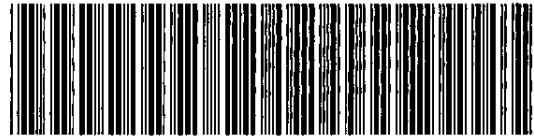
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G. MCLEOD

OCT 20 2011

EXAMINER



700213032387

10/18/11--01033--003 **25.00

FILED
11 OCT 18 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LARREA & ORTEGA
ATTORNEYS AT LAW

October 17, 2011

VIA FEDERAL EXPRESS

Department of State
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: Articles of Amendment to Articles of Organizations of Pinecrest 102, LLC a
Florida Limited Liability Company - Document No. L09000067450**

To Whom It May Concern:

Enclosed is the above referenced document for filing.

Please find check No.1396 in the amount of \$25.00 representing payment for such. I have enclosed a self addressed envelope; kindly return the documents to us.

If you have any questions, please call me. 305-476-8701.

Regards,

LARREA & ORTEGA



Maria Fleisher
Assistant

MF/mbs

Enclosures

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

PINECREST 102, 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 July 13, 2009 and assigned Florida document number L09000067450.

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" or the abbreviation "L.L.C."

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)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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

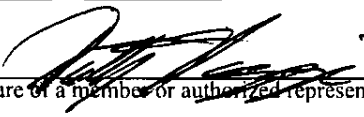
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CAROLINA TOZZI	1643 BRICKELL AVENUE SUITE 3305 MIAMI, FLORIDA 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 13, 2011



Signature of a member or authorized representative of a member
DOTHY TOZZI

Typed or printed name of signee