

LD9000071918

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OCT -4 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT -1 PM 4:00

**FILED**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6901 Coral Way Management, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. Frank Quesada, Esq.

Name of Person

Law Offices of G. Frank Quesada

Firm/Company

1313 Ponce De Leon Blvd., Suite 200

Address

Coral Gables, Florida 33134

City/State and Zip Code

gfg@quesadalaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Frank Quesada, Esq.

Name of Person

at ( 305 )

446-2517

Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

6901 Coral Way Management, 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 7/27/2009 and assigned Florida document number L09000071918.

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:** 6901 SW 24th Street  
*(Principal office address MUST BE A STREET ADDRESS)* Miami, Florida 33155

**Enter new mailing address, if applicable:** 6901 SW 24th Street  
*(Mailing address MAY BE A POST OFFICE BOX)* Miami, Florida 33155

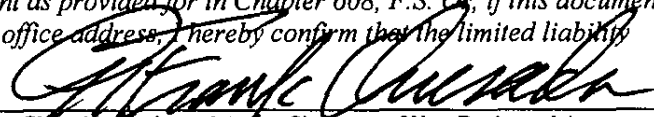
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:** G. Frank Quesada, Esq.  
**New Registered Office Address:** 1313 Ponce De Leon Blvd., Suite 200  
*Enter Florida street address*  
Coral Gables, Florida 33134  
*City Zip Code*

SECRETARY OF STATE  
10 OCT - 1 PM '09  
FILED

**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:

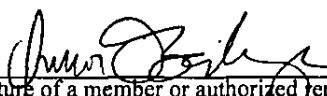
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Barboza Furzan	60 SW 13th Street, Apt. 5014 Miami, Florida 33130	<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 September 27<sup>th</sup>, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
OMAR BARBOZA  
\_\_\_\_\_  
Typed or printed name of signee