L09000080870

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
, EO!\
AUG 19 2010
EXAMINER



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07/09/10--01012--017 **35.00



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 12, 2010

HUMBERTO MALDONADO 12105 NE 11TH PLACE MIAMI, FL 33161

SUBJECT: AGORA PROPERTY MANAGEMENT GROUP LLC

Ref. Number: L09000080870

[]

We have received your document for AGORA PROPERTY MANAGEMENT GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 010A00016886

COVER LETTER

SUBJECT: AGO	ORA PROPERTY I	MANAGEMENT GROUP	PLLC			
Name of Limited Liability Company						
•						
The enclosed Articles of A	amendment and fee(s) are sul	bmitted for filing.				
Please return all correspon	dence concerning this matter	r to the following:				
	MITCHELL DRIMMER Name of Person					
		name of Ferson				
Firm/Company						
·						
18800 NE 29 AVENUE, Address						
		Address				
	AVENTURA, FL. 33180					
City/State and Zip Code						
mdrimmer@aol.com E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, please o	call:				
MITOLI	TH DDIMMED	005	204.0444			
MITCHELL DRIMMER Name of Person		at (305) S	334-9111 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)			
	NG ADDRESS:	STREET/COURIE				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

F. TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGORA PROPERTY MA			
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	<u>us on our records.</u>)	
The Articles of Organization for this Limited Liability Companies L09000080870	ny were filed on	08/21/2009	Ze Z
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	LED 3 18 PH 12: 36 1ASSEE, FLORIAGE
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Comp	any," the designation	"LLC" or the abbreviatio
Enter new principal offices address, if applicable:	12105 NE 1	1TH PLACE , I	MIAMI, FL 33161
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12105 NE 1	ITH PLACE ,M	MIAMI, FL 33161
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street a	ddress
		, 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 **Type of Action Address** Title <u>Name</u> MGR DRIMMER, MITCH 4400 BISCAYNE BLVD., SUITE 550 Remove MIAMI FL 33137..... DRIMMER, HUMBERTO MGR 4400 BISCAYNE BLVD. SUITE 550 ✓ Remove MIAMI FL 33137 Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 2** Dated Signature of a member or authorized representative of a member MITCHELL DRIMMER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00