

L09000081393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

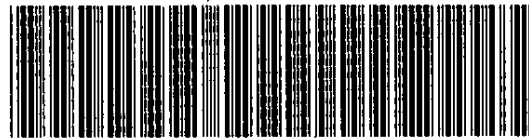
Special Instructions to Filing Officer:

A. LUNT

AUG -9 2010

EXAMINER

Office Use Only



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07/27/10--01007--022 **55.00

2010 AUG -6 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2010

JORGE SALCEDO H. ESQ
CORDERO & ASSOCIATES
200 S. BISCAYNE BLVD. SUITE 4650
MIAMI, FL 33131

SUBJECT: CAVAS AT MARY BRICKELL VILLAGE LLC,
Ref. Number: L09000081393

We have received your document for CAVAS AT MARY BRICKELL VILLAGE LLC, and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 210A00018420

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cavas at Mary Brickell Village 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:

Jorge Salcedo H, Esq

Name of Person

Cordero & Associates

Firm/Company

200 S. Biscayne Blvd Suite 4650

Address

Miami, FL, 33131

City/State and Zip Code

jsalcedo@lawjsh.com

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

For further information concerning this matter, please call:

Jorge Salcedo

Name of Person

at (305)

777-26-81

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG -6 AM 8:25

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

Cavas at Mary Beickell Village 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 08/24/2009 and assigned
Florida document number L09000081393

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)

900 South Miami Ave, Suite 180
Miami, FL, 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JSH Register Agent Services Inc

New Registered Office Address:

200 S. Biscayne Blvd Suite 4650

Enter Florida street address

Miami

City

Florida

FL, 33131

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.

[Signature]
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

Title	Name	Address	Type of Action
MGRM	HERNANDEZ, RAFAEL	17173 PINES BLVD. PEMBROKE PINES, FL 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HERNANDEZ, RAFAEL	17173 PINES BLVD. PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ABASCAL, CARLOS E.	391 ISLA DORADA BLVD. CORAL GABLES, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ABASCAL, CARLOS E.	391 ISLA DORADA BLVD. CORAL GABLES, FL 33143	<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

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

Dated

08/05/2010

Signature of a member or authorized representative of a member

Typed or printed name of signee