L09000083532

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Ci	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
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T. HAMPTONI JAN - B 2011

EXAMINER NO DOC



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11 JAN -L PM L: 99

SECRETARY OF STATE
BIVISION OF GORPBRATIONS

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: MIAMI FOREST LLC						
	Name of Lin	nited Liability Company				
The enclosed Art	icles of Amendment and fee(s) are su	ubmitted for filing.				
Please return all	correspondence concerning this matte	er to the following:				
		GABRIELA YAFFE Name of Person				
. Name of Person						
YAFFE IN		INTERNATIONAL REALTY				
Firm/Company						
	19300 WEST DIXIE HIGHWAY #7					
	Address					
	· .	VENTURA, FL, 33180				
	City/State and Zip Code					
	MGERWER@HOT	TMAIL.COM, GABYYAFFE@AOL.COM (to be used for future annual report notification)				
For further inform	nation concerning this matter, please	call:				
GABRIELA YAFFE Name of Person		at (786) 3551000 Area Code & Daytime Telephone Number				
	Nume of Person	Area Code & Daytine Telephone Number				
Enclosed is a che-	ck for the following amount:					
₹ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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				



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 JAN -4 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 16, 2010

GABRIELA YAFFE YAFFE INTERNATIONAL REALTY 19300 W DIXIE HWY - # 7 AVENTURA, FL 33180

SUBJECT: MIAMI FOREST,LLC Ref. Number: L09000083532

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 710A00029139

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



11 JAN -4 PM 4:29

MIAMI FOR				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 8/28/09			and assigned	
Florida document number L0900083532				
This amendment is submitted to amend the following:		,		
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	P30.0	WEST DIKI	e HIGHWAT	
(Principal office address MUST BE A STREET ADDRESS)	#7 AVE	NOVRA P	2 33180	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) .	19300 #7 Ale		KIE HIGHTWAY 33180	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:			·	
	Enter Florida street address			
	City	, Florida	Zip Code	
•	~		- T	

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 Title **Type of Action** Name Address VIVIANA **Remove** M6R GUSTA VO MGR SILVEIRA Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCER GERWER Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00