L09000090781

(Requestor's Name)					
(Address)					
<u> </u>					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Cosmess Entry Name)					
(Document Number)					
(Cocament Names),					
Certified Copies Certificates of Status					
· 					
Special Instructions to Filing Officer:					
Special instructions to Fining Officer.					
A. LUNT					
JAN 28 2010					
EXAMINER					

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AN 27 PM 1:53

FILED

, LAW, FIRM OF

GARY M. SINGER, P.A.

4577 NOB HILL ROAD SUITE 206 SUNRISE, FLORIDA 33351 GARY M. SINGER, ESQ.

BOARD CERTIFIED IN REAL ESTATE LAW

ANDREW J. PASCALE, ESQ.

DAVID H. HAFT, ESQ.

DUNCAN M. BLACK, ESQ., OF COUNSEL

LICENSED ONLY IN VIRGINIA

January 22, 2010

Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Valparaiso, LLC Articles of Organization Amendment

To Whom It May Concern:

For the above described limited liability company, please find enclosed for the following

- 1) Articles of Amendment
- 2) \$25.00 check made payable to the Florida Department of State

If you have any questions, then please contact me at 954-851-1448.

Thank you for your assistance with this matter.

Sincerely,

David H. Haft

COVER LETTER

TO: Registration Division of	n Section Corporations					
SUBJECT:	VALP	ARAISO, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles	s of Amendment and fee(s) are sul	omitted for filing.				
Please return all corre		2010 JAN 27 SEURETAR TALLAHASS				
		David Haft		ARETA ARETA	711	
		Name of Person) 	
	Law F	irm of Gary M. Singer, P.A.		PM 1:53	C	
		Firm/Company				
	4577	Nob Hill Road, Suite 206		22 (1) (2)		
		Address				
	s	Sunrise, Florida 33351				
		City/State and Zip Code				
	Day	David@garysingerlaw.com E-mail address: (to be used for future annual report notification)				
			ation)			
For further information	on concerning this matter, please	call:				
	David Haft	_{at (} 954 _{)_} 8	51-1448			
Name of Person		Area Code & Daytime	Telephone Number			
Enclosed is a check f	or the following amount:	·				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	d)	
MAII INC ADDDFSS		STDFFT/CAUDIE	D ADDDFSS.			

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

	VALPARA							
(Name of the Limited I (A)	iability Compar lorida Limited L	ny as it now appears of iability Company)	our records.					
The Articles of Organization for this Limited Liability Company were filed on 9/21/2009 and assigned Florida document number L09000090781								
This amendment is submitted to amend the follow	ving:							
A. If amending name, enter the new name of t	the limited liab	ility company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,	`the designation "	LLC" or the abb	reviation			
Enter new principal offices address, if applicable:		1111 BRICKELL	AVENUE	=				
(Principal office address MUST BE A STREET ADDRESS)		Suite 1101		۲۲۲ ۱۹۳۶ ۱۹۳۶				
		MIAMI FL 33131		AH.	<u></u>			
				27 AR ASS				
Enter new mailing address, if applicable:		1111 BRICKELL	AVENUE	m~	m			
(Muiling address MAY BE A POST OFFICE BOX)		Suite 1101						
	MIAMI FL 33131							
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, <u>enter</u>	the name of t	<u>he new</u>			
Name of New Registered Agent:	ROAD ANDERSON, LLC							
New Registered Office Address: 1111 BRICKELL AVENUE, #1101								
-	Enter Florida street address							
		Miami	, Florida	33131				
		City		Zip Code				
New Registered Agent's Signature, if changing Re	gistered Agent:							
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as registableing filed to merely reflect a change in the recompany has been notified in writing of this ch	oper and complered agent as p gistered office hange.	lete performance of n provided for in Chapt	ny butils, and I ver 60%, F.S. Or nfirm sharthe li	am familiar wi if this Hocume mited hability	th and			

Page 1 of 2

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 Name** ROAD ANDERSON, LLC MGRM 1111 BRICKELL AVENUE ✓ Add Remove #1101 MIAMI, FL 33131 BRASILIA, LLC MGRM P O BOX 1179 ☐ Add ✓ Remove HALLANDALE FL 33008 MGRM HUDDLE, LLC ☐ Add P O BOX 1179 HALLANDALE FL 33008. ✓ Remove **ALBERTO MASPONS MGRM** P O BOX 1179 □Add HALLANDALE FL 33008 Remove TROPIC LAND HOLDINGS MGRM P O BOX 1179 HALLANDALE FL 33008 Remove om D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00