129000116951

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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORINA

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations						
SUBJECT:	Santa Maria Thre	ee Seven Zero Two	LLC			
		ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Alfredo D. Xiques					
	Eduardo Jose Garcia, P.A.					
Firm/Company						
	2950 SW 27th Avenue, Suite 300					
	Address					
	Miami, Florida 33133					
		City/State and Zip Code				
		axiques@rptgfla.com to be used for future annual repo				
			t notification)			
For further information c	oncerning this matter, please of	eall:				
Alfre	edo D. Xiques	at (305)	358-4800			
Name o	f Person		Daytime Telephone Number			
			·			
Enclosed is a check for the	e following amount:					
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section		STREET/CO Registration	OURIER ADDRESS: Section			
	n of Corporations	Division of C Clifton Build	Corporations			

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Santa Maria In	ree Seven Zero IV	VO, LLU	
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Liability C Florida document number L09000116951	Company were filed on	12/08/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.IC."	rds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	<u>(ESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ATA SORE,	SECRETARY OF
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on eless here:	our records, enter	S
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street addi	
	En .	uer r ioriaa sireel aaai	ress
		, Florida	7: 0-1-
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAURICIO TOLEDANO	1200 BRICKELL AVENUE, SUITE 500 MIAMI, FLORIDA 33131	Add Remove
MGR_	ESTHER QUERUB	1200 Brickell Avenue, Suite 500 MIAMI, FLORIDA 33131	☐ Add ☑ Remove
MGR_	E. DAVID BENSADON	1200 Brickell Avenue, Suite 1700 MIAMI_FLORIDA 33131	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	···
			-
			- -
Dated	MARCH . 201		
_	Signature of a member or	r authorized representative of a member	
***		LEDANO, MANAGER	
	Typed or	printed name of signee	

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Filing Fee: \$25.00