

L10000002358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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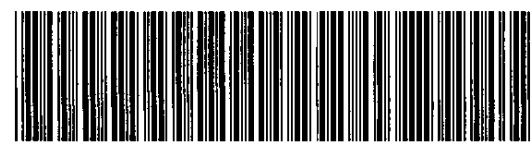
(Business Entity Name)

(Document Number)

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10 SEP 17 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2010

MARK E. ADAMCZYK, ESQ.  
GOEDE & ADAMCZYK PLLC  
8950 FONTANA DEL SOS WAY, STE. 100  
NAPLES, FL 34109

SUBJECT: PAZ PROPERTIES MIAMI-DADE, LLC  
Ref. Number: L10000002358

We have received your document for PAZ PROPERTIES MIAMI-DADE, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGRM" beside their names and addresses to indicate they are serving in the capacity of a managing 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 310A00021823

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PAZ PROPERTIES MIAMI-DADE, 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:

**MARK E. ADAMCZYK, ESQ.**  
Name of Person  
**GOEDE & ADAMCZYK PLLC**  
Firm/Company  
**8950 FONTANA DEL SOL WAY, STE. 100**  
Address  
**NAPLES, FL 34109**  
City/State and Zip Code  
**mark@floridacommunitylaw.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mark E. Adamczyk** at ( **239** ) **331-5100**  
Name of Person 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

10 SEP 17 PM 3:00

**FILED**

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

**PAZ PROPERTIES COLLIER, 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 1/7/2010 and assigned Florida document number L10000002370.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**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: MARK E. ADAMCZYK, ESQ, GOEDE & ADAMCZYK PLLC

New Registered Office Address: 8950 FONTANA DEL SOL WAY, STE. 100  
*Enter Florida street address*

NAPLES, Florida 34109  
*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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM MEMBER	ANNE MARIE ROCHA	13950 SW 68TH STREET MIAMI, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM MEMBER	JUAN AGUSTIN MEDERO	7607 SW 102ND PLACE MIAMI, FL 33176	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 SEP 17 PM 3:00  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated JULY 16, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 OLGA MEDEROS  
 \_\_\_\_\_  
 Typed or printed name of signee