

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : SANCHEZ-MEDINA & ASSOCIATES, P.A.

Account Number : 120030000135 Phone : (305)448-4344 Fax Number : (305)448-7887

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:					 _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADRIAN & ASSOCIATES REALTY, LLC

Certificate of Status	0
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Help

10/25/2010

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COVER LETTER

TO:	Registration Se Division of Cor		
ėrin ir	ZOT-	ADRIAN & ASSOCIATES REALTY, LLC	
SUBJE		Name of Limited Liability Company	
The on	closed Articles of	Amendment and fee(s) are submitted for filing.	
Picase	return all correspo	ondence concerning this matter to the following:	
		Roland Sanchez-Medina Jr.	
		Name of Person	
		SMGQLCG&M, LLP	
		Firm/Company	
		2333 Ponce De Leon Blvd, Suite 302	
		Address	
		Coral Gables, Florida 33134	
		City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For fin	ther information o	concerning this matter, please call:	
		Sanchez-Medina Jr. at (305) 424-0236	
	Namo (of Person Area Code & Daytime Telephone Number	
Enclos	ed is a check for t	the following amount:	
[]\$25	5.00 Filing Fce	S30.00 Filing Fcc & S55.00 Filing Fee & S60.00 Filing Fcc, Certificate of Status Certified Copy (additional copy is enclosed) 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 Tallabassee, FL 32301

850~617-6381

10/26/2010 8:18:44 AM PAGE 1/001 Fax Server



October 26, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SANCHEZ-MEDINA & ASSOCIATES

SUBJECT: ADRIAN & ASSOCIATES REALTY, LLC

REF: L10000004651

We received your electronically transmitted document. Sowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6067.

Neysa Culligan Regulatory Specialist II FAX Aud. #: E10000233204 Letter Number: 210A00025184

RECEIVED

10 NOV - 1 PM 2: 35

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

SECRETARY OF AGE AT P4/05
DIVISION OF CORPORATION:

10 NOV - 1 AM 8: 50

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SOUIATES REAL!	
(A Florid	ity Company as it now appea a Limited Liability Company)	S ON ONL I CHILLISS,
The Articles of Organization for this Limited Liability Florida document numberL1000004651	Company were filed on	01/13/2010 and assigned
This amendment is submitted to amend the following:	:	
A. If smending name, <u>enter the new name of the li</u>	mited liability company he	<u>re</u> :
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp.	any," the designation "LLC" or the abbreviat
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or reg registered agent and/or the new registered office a	<u>-</u> *	our records, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Er	ter Florida street address
		Florida
~	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>Addres</u>	Type of Action
MGR Laura Vasquez 2460 S Miami.	SW 137 Ave Suite 238 [7] Add FI 33175 Remove
	Add Remove
	AddRcmove
	Add Remove
	AddRemove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	SECRETARY VISION OF C
Dated October 25 , 2010 .	
Signature of a member or authorized Roland Sanchez	

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00