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p.1

Division of Corporations COO SIIYO

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA

Account Number : 120110000091 Phone ? 5 : (305)858-9900 Fax Number : (305)285-0015

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

mail Address: <u>EDIA ZO NICHAND</u>S-LAW.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTA ELENA GABLES PROPERTIES LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

J SHAMERS

Registration Section

TO:

## **COVER LETTER**

Division of Co	prporations			
SUBJECT:	SANTA ELENA C	ABLES PROPERTIES LL	c	٠
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		ELENA DIAZ		
	Name of Person  RICHARDS & ASSOCIATES  Firm/Company  2665 SOUTH BAYSHORE DRIVE, SUITE 703  Address			_
	Ą	SANTA ELENA GABLES PROPERTIES LLC  Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  See concerning this matter to the following:  ELENA DIAZ  Name of Person  RICHARDS & ASSOCIATES  Firm/Company  2665 SOUTH BAYSHORE DRIVE, SUITE 703  Address  MIAMI, FLORIDA, 33133  City/State and Zip Code ediaz@richards-law.com  E-mail address: (to be used for future annual report notification)  Ining this matter, please call:  2 305 8589900  In Area Code Daytime Telephone Number  Downing amount:  \$30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
	•.		_	
	2665 SO	UTH BAYSHORE DRIVE	, SUITE 703	
	SANTA ELENA GABLES PROPERTIES LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  I correspondence concerning this matter to the following:  ELENA DIAZ  Name of Person  RICHARDS & ASSOCIATES  Firm/Company  2665 SOUTH BAYSHORE DRIVE, SUITE 703  Address  MIAMI, FLORIDA, 33133  City/State and Zip Code ediaz@richards-lew.com  E-mail address: (to be used for future annual report notification)  Firmation concerning this matter, please call:  ELENA DIAZ  Name of Person  Area Code  Daytime Telephone Number of the following amount:  and Copy (Certification)  MAILING ADDRESS:  Registration Section  Registration Section  Registration Section	•		
	М	MIAMI, FLORIDA, 33133		
		-		_
	E-mail address: ()	_	ort notification)	
For further information	. `	•	<b>,</b>	
ELEN	A DIAZ		9900	•
Name	of Person		Daytime Telephone Number	er
	•			
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	Certificate of Status	Certified Copy	Certific ed) Certifie	ate of Status & d Copy
Regis	tration Section	Registration	Section	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

3052850015

(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	05/11/2010	and assigned
his amendment is submitted to amend the follow	ing:		
. If amending name, enter the new name of th	e limited liability company he	<u>ге</u> :	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable			
Principal office address MUST BE A STREET		E Sec	16
:		ار براد الله الله الله الله الله الله الله ال	<b>X</b>
<i>*.</i>	<del></del>	35% 55%	[ t nots
nter new mailing address, if applicable:		\$25 min	ω <sub>1</sub>
Mailing address MAY BE A POST OFFICE BO			<b>I</b>
		98	<del>сп</del>
·		Parties of the same of the sam	69
i. If amending the registered agent and/or		our records, enter t	he name of th
•			
Name of New Registered Agent:			
New Registered Office Address:			
How Registered Office Address.	Enter Flori	da 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 camply 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DARBISI, PIETRO	2799 NW BOCA RATON	
		BLVD #203 BOCA RATON	■ Remove
		FL, 33431	Change
MGR	DARBISI, JOSEFINA	2799 NW BOCA RATON	☐ Add
		BLVD#203 BOCA RATON	■ Remove
		FL, 33431	☐ Change
MGR	ANDRADE DE DARBISI, ROSA	2799 NW BOCA RATON	
		BLVD #203 BOCA RATON	Remove
		FL, 33431	Change
MGR	Ridgewood Management LLC	3411 SILVERSIDE ROAD	■ Add
•		RODNEY BUILDING No. 104	□ Remove
		WILMINGTON, DE. 19810	Change
	!		
			□ Remove
			□ Change
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	i i	**************************************	Remove
	$i_{ \psi }$		□ Change

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