

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 : J.E. OYARCE & ASSOCIATES, PA
Account Number : I19990000186
Phone : (305) 324-2248
Fax Number : (305) 324-4959

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
VALE AT BRICKELL 3100, LLC

Certificate of Status	0
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11 SEP 23 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 26 2011

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALE AT BRICKELL 3100, 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:

JORGE E OYARCE

Name of Person

JE OYARCE & ASSOCIATES, PA

Firm/Company

199 SW 12TH AVENUE, SUITE #4

Address

MIAMI, FL 33130-1056

City/State and Zip Code

JEOYARCE@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE E OYARCE

Name of Person

at (305)

324-2248

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 SEP 23 AM 11:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

VALE AT BRICKELL 3100, 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 MAYO 14, 2010 and assigned
Florida document number L10000052497

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VALE STRATEGIC GROUP, LLC

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)

LOCATED AT:

C/O 199 SW 12TH AVENUE, SUITE #4

MIAMI, FL 33130-1056

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O 199 SW 12TH AVENUE

SUITE #4

MIAMI, FL 33130-1056

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:

FRANCESCO J TUOZZOLO

New Registered Office Address:

C/O 199 SW 12TH AVENUE, SUITE #4

Enter Florida street address

MIAMI

City

, Florida

33130-1056

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	FRANCESCO J TUOZZOLO	6000 COLLINS AVENUE APT #504 MIAMI BEACH, FL 33140	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MONICA C GRATEROL	6000 COLLINS AVENUE APT #504 MIAMI BEACH, FL 33140	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 22, 2011.



Signature of a member or authorized representative of a member

FRANCESCO J TUOZZOLO

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00