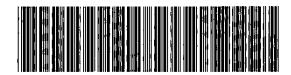
## 110000056806

(F	Requestor's Name)				
(/	Address)				
(/	Address)				
(0	City/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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T. HAMPTON
JUN 2 9 2010
EXAMINER

## **COVER LETTER**

TO: , · Registration Section Division of Corpo					
SUBJECT:	1430 NV	V 15TH PL LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are sul	bmitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	Pedro M. Garcia				
		Name of Person			
Affinity Management Services					
	Firm/Company				
		1430 NW 15 AVE			
		Address			
		MIAMI, FL 33125			
		City/State and Zip Code			
	pmg@affil	nitymanagementservices. to be used for future annual report no	com		
For further information con-		·			
Pedro	M. Garcia	at ( 305 )	325-4243		
Name of P			ime Telephone Number		
Enclosed is a check for the specific property of the specific property	following amount:	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclos	Certificate of Status &		
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive (	orations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	430 NW 15TH PL LLC				
(Name of the Limited I (A)	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Lia	bility Company were filed on	05/26/2010	and assigned		
Florida document number L100000568	306				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :			
	1430 NW 15 AVE, LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	ble:		10 SE		
(Principal office address MUST BE A STREET	ADDRESS)				
			2 PAR 1		
			COR.		
Enter new mailing address, if applicable:			POR R		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter tl</u>	he name of the new		
Name of New Registered Agent:	SANCHEZ-GALARRAGA, P.A.				
New Registered Office Address:	New Registered Office Address: 1313 PONCE DE LEON BLVD, SUITE 301  Enter Florida street address				
	CORAL GABLES	, Florida	33134		
	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 Title <u>Name</u> <u>Address</u> Type of Action MGRM. GARCIA, PEDRO M. 1430 NW 15 AVE **✓** Add Remove MIAMI, FL 33125 MGRM GUERRERO, SKARLEY 1430 NW 15 AVE MIAMI\_FL 33125 Remove MGRM GUERRERO, SKARLEY W 1430 NW 15 AVE ✓ Add MIAMI\_FL 33125 ☐ Remove ∏Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please add FEI/EIN Number: 27-2867512 June 22 2010 Dated \_\_\_\_

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

PEDRO M GAMA
Typed or printed name of signee