

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

365072

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000126109 3)))



H110001261093ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

RECEIVED
11 MAY -6 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DADE 53 INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
11 MAY -6 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

<https://efile.sunbiz.org/scripts/efilcovr.exe>

MAY - 9 2011 5/6/2011

EXAMINER

4

COVER LETTER

H11000126109

TO: Registration Section
Division of Corporations

SUBJECT: DADE 53 INVESTMENT, 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:

MARIO GUZMAN

Name of Person

GUZMAN & GUZMAN, P.A.

Firm/Company

9130 S DADELAND BLVD, STE 1600

Address

MIAMI, FL 33156

City/State and Zip Code

MGUZMAN@GUZMANANDGUZMAN.COM

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

For further information concerning this matter, please call:

MARIO GUZMAN

Name of Person

at (305)

670-1991

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

H11000126109

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

DADE 53 INVESTMENT 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 06/22/2010 and assigned
Florida document number L10000068193

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)

FILED
11 MAY - 6 AM 9:01
SECRETARY OF STATE
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:

New Registered Office Address:

Enter 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

411000126109

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	Name	Address	Type of Action
MGRM	CASSOLA, DANIEL	9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DE CASSOLA, LAURA GEA	9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GUZMAN, MARIO I	9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GUZMAN, ALBERTO F	9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156	<input type="checkbox"/> Add <input checked="" 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

May 6, 2011

Signature of a member or authorized representative of a member

MARIO GUZMAN

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

411000126109