

FEB/17/2011/THU 12:00 PM

Division of Corporations

PAY No.

P.001

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**L10000068148**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000043036 3)))



H110000430363ADCS

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To:

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

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.  
Account Number : 076150002103  
Phone : (305) 444-0101  
Fax Number : (305) 444-0174

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

Email Address: JGROBELNY@MWBMM.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SIXTEEN PROPERTIES LLC**

Certificate of Status	0
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Corporate Filing Menu

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FAX No.

P.002

SECRET  
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FAX AUDIT NUMBER H11000043036 3  
DIVISION OF STATE  
CORPORATIONS

11 FEB 17 AM 8:47

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SIXTEEN PROPERTIES, 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 06/25/2010 and assigned  
Florida document number L10000068148.

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)

**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*

*City*

*Florida*

*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

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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

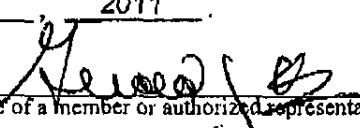
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GERALD J. BIONDO	1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EVELYN GREER	2400 S DIXIE HIGHWAY MIAMI, FL 33133	<input checked="" 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 FEBRUARY 17 2011

  
Signature of a member or authorized representative of a member

GERALD J. BIONDO

Typed or printed name of signee

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