L10000081121

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | 6 |
| Special Instructions to Filing Officer: 789/707/762 | |
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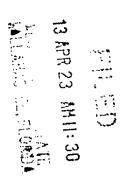


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APR 24 2013 N. CAUSSEAUX



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2013

ROBERTO A. NIETO RANCHO ESTAMBUR, LLC 19130 SW 177 AVENUE MIAMI, FL 33187

SUBJECT: RANCHO ESTAMBUR, LLC.

Ref. Number: L10000081121

We have received your document for RANCHO ESTAMBUR, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 213A00008669

Nanette Causseaux Document Specialist Supervisor

www.sunbiz.org

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Ranho Estambur ILC 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: |
| hoberto Neto Name of Person |
| Mancho Gstanson UC Firm/Company |
| 19130 GW 177 Ave |
| Migmi, Fl 333 157 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Moder+0 N+C+O at (954) 2-94-0021 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee |
| |

MAILING ADDRESS:

TÒ:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

| <u> 1940CNO (3580</u> | MSur LLC | | 30 |
|---|--|--------------------------------------|-------------------------|
| (Name of the Limite | d Liability Company as it now app A Florida Limited Liability Company | ears on our records.) y) | Y |
| The Articles of Organization for this Limited I | Liability Company were filed on _ | 7/9/2010 | and assigned |
| Florida document number <u>L. 1006669</u> | 1171 | • • | |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name o | I the limited liability company l | here: | |
| The new name must be distinguishable and end with L.L.C." | ith the words "Limited Liability Con | npany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applic | cable: | | |
| Principal office address MUST BE A STREE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | n our records, <u>enter ti</u> | he name of the new |
| Name of New Registered Agent: | Ruberto NI | 640 | |
| New Registered Office Address: | 191 50 17 | 77 Ave | |
| | | Enter Florida street addr Florida | |
| | City | , 1 101 KIA | Zin 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 Chapping Registered Agent, Shanature of New Registered Agant

Page 1' of 3

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> Name Address Type of Action Celio Almelda 19130 SW 177AVE MGAM Mrami, 16/ 33/87 Moran Moserto Dieto 19130 SW 177 Ave GAdd MIAMI, Fl 33187 Remove Remove

| ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|
| |
| |
| |
| April 23, 3013 |
| A.J.D. |
| Signature of member or authorized representative of a member |
| Typed/or printed name of signee |
| |

Page 3 of 3

Filing Fee: \$25.00

13 APR 23 AH II: 30