

L 10000090457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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04/05/11--01016--027 **30.01

FILED
11 APR -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

APR 8 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Serving Real Estate, 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:

Daniel Aguirre

Name of Person

Serving Real Estate, LLC

Firm/Company

6600 Miami Lakeway South

Address

Miami Lakes, FL 33014

City/State and Zip Code

dan78kat81@yahoo.com

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

For further information concerning this matter, please call:

Daniel Aguirre

Name of Person

at (954) 235-8095

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**

Serving Real Estate, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/30/2010 and assigned
Florida document number L10000090457.

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:

6625 Miami Lakes Drive #427

(Principal office address MUST BE A STREET ADDRESS)

Miami Lakes, FL 33014

Enter new mailing address, if applicable:

6625 Miami Lakes Drive #427

(Mailing address MAY BE A POST OFFICE BOX)

Miami Lakes, FL 33014

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:

Daniel Aguirre

New Registered Office Address:

6625 Miami Lakes Drive #427

Enter Florida street address

Miami Lakes

Florida

33014

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr.	Daniel Aguirre	6625 Miami Lakes Drive #427 Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mr.	Roberto Aguirre	6625 Miami Lakes Drive #427 Miami Lakes, FL 33014	<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.)

Need to change all address on records to:

6625 Miami Lakes Drive #427

Miami Lakes, FL 33014

Dated March 31, 2011

Signature of a member or authorized representative of a member

Daniel Aguirre

Typed or printed name of signee