

L10000091138

(Requestor's Name)

(Address)

(Address)

(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



500242950455

12/26/12--01027--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 26 PM 1:48

DEC 27 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Condo Court Receivers, 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:

Luis E PERNA

Name of Person

Condo Court Receivers, LLC

Firm/Company

6262 SW 40 STREET SUITE 2E

Address

Miami, FL 33155

City/State and Zip Code

PERNA@CCRECEIVERS.COM

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

For further information concerning this matter, please call:

Luis PERNA

Name of Person

at (305) 668-5886

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Condo Court Receivers, LLC 12 DEC 26 PM 1:48
(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 August 30, 2010 and assigned
Florida document number L10000091138.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

6262 SW 40 STREET
Suite 2E
MIAMI, FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6262 SW 40 STREET
Suite 2E
MIAMI, FL 33155

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:

N/A

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.

N/A

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

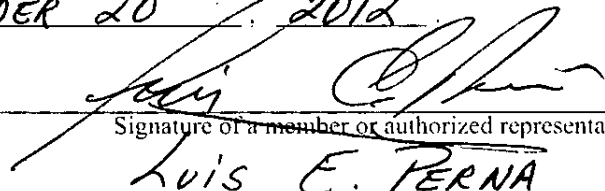
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Luis E PERNA	6262 SW 40ST	<input checked="" type="checkbox"/> Add
		SUITE 2E	<input type="checkbox"/> Remove
		MIAMI, FL. 33155	
MGR	JENNIFER M JAYNES	6262 SW 40ST	<input checked="" type="checkbox"/> Add
		SUITE 2E	<input type="checkbox"/> Remove
		MIAMI, FL. 33155	
			<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

12 DEC 26 PM 1:46
FILED
CLERK OF STATE
CORPORATIONS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated DECEMBER 20 2012



Signature of a member or authorized representative of a member

LUIS E. PERNA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 26 PM 1:48