L10000094485

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TALL AHASSEE, FLORIC

B. BOSTICK

JUL **2 9** 2011

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	ARRA	ANCAO, LLC			
		ited Liability Company		_	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		ELENA GONZALEZ			
		Name of Person		_	
		ARRANCAO, LLC			
		Firm/Company		_	
	1	6400 NW 59TH AVE			
		Address			
	MI	AMI LAKES, FL 3301	4		
		City/State and Zip Code			
	prop	perty4u@luckymail.co	om	11 JUL SECRE	
For further information	concerning this matter, please of	•	nounced on,	11 JUL 21 ALLAHAS	1 214 -1444 (1)
	••••••••••••••••••••••••••••••••••••••			$\mathcal{L}_{\mathcal{L}}$	er illand
	a Elena Toledo	at (_786_)	326-7525		وسمون 1 <u>1</u> ب محدود الأمرين الأ
Name o	of Person	Area Code &	Daytime Telephone Numb	3: 01 STATE LORIDA	'هرين ه
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is er	Certific nclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is encl	losed)

TO:

Registration Section

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

AR	RANCAO, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	09/10/2010	and assigned	
Florida document numberL10000094485	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
LENOX REAL E	STATE DEVELOPERS	3, LLC	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADD	RESS)		····
Enter new mailing address, if applicable:	N/A	TALLA	
• • • • • • • • • • • • • • • • • • • •	<u>N/A</u>		#586.b 75
(Mailing address MAY BE A POST OFFICE BOX)		() 수 () () () () () () () () () ()	N investigation
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the	ne name of the new
Name of New Registered Agent: N/A			
New Registered Office Address:			
	En	ter Florida street addr	ess
		, 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

Page 1 of 2

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

Title Name Address	
	Type of Action
	Add
	Remove
	☐ Add
	Remove
	Add
	Remove
	☐ Add
	Remove
	Add
	Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)
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	ringer,
<u> </u>	CO PARCON.
	S P M
Dr. 1111 V 24th 2011	3: 02
Dated JULY 24th 2011	
Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorized representative of a member Haria Elena Toledo Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00