#110000099612

(Requestor's Name)
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K. SALY EXAMINER MAR 29 2011



March 11, 2011

UNO REAL ESTATE L.L.C. ELDA LIBERATORE 317 SW 95TH PLACE MIAMI, FL 33174

SUBJECT: UNO REAL ESTATE L.L.C.

Ref. Number: L10000099612

We have received your document for UNO REAL ESTATE L.L.C. and your check(s) totaling \$35.00. 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.

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) 245-6870.

Letter Number: 011A00006018

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	UNO REAL ESTATE L.L	JNO REAL ESTATE L.L.C.	
DOCUMENT NUMBER:		L10000099612		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		BERATORE, ELDA		
	. 1	Jame of Contact Person		
UNC		REAL ESTATE L.L.C.		
		Firm/ Company		
	31	7 SW 95TH PLACE		
•		Address		
MIAMI FL 33174 US				
		ity/ State and Zip Code		
	ROUTE66R E-mail address: (to be use	EALTY@GMAIL.COM d for future annual report notification)		
For further information	ation concerning this matter,	please call:		
		at (786)27	7-1100	
Name	of Contact Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check	k for the following amount n	nade payable to the Florida Departr	ment of State:	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	,	

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: UND REALECTAGE L.C.C. 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:				
Eldo Salvosor Name of Person				
UUS BOD ISTORE LLC. Firm/Company				
150 NW 39 Ave				
City/State and Zip Code Code Code Code Code Code Code Code Code Code E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
The Salvador at (305) 4334822. Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 55.00 Filing Fee \text{ Certified Copy (additional copy is enclosed)}}\$\$ 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

FILED
'' MAR 20
TALLAHASSEE, ELORIDA
- CLORIDA

(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 9 23 10 and assigned

Florida document number <u>L10000099612.</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1510 Nu) 79 AUE	
(Principal office address MUST BE A STREET ADDRESS)	DOZAL FL	orlda 33126	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	317 OW HIBMI FL	95th Place - 33174 US	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new	
Name of New Registered Agent:		, , , , , , , , , , , , , , , , , , , ,	
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.

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 **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove \square Add Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member LiberzA torre Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00