

# L10000124020

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

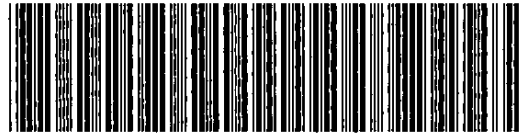
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## 300230695833

04/24/12--01026--001 \*\*25.00

FILED  
12 MAY 17 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. C. G. **MAY 17 2012**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARAYLO, 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:

BIANCA SAPORITTO

Name of Person

TEAM REAL ESTATE MANAGEMENT, LLC

Firm/Company

2801 NE 208TH TERRACE, SECOND FLOOR

Address

AVENTURA, FL 33180

City/State and Zip Code

BIANCA@TEAMREMANAGEMENT.COM

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

For further information concerning this matter, please call:

BIANCA SAPORITTO

Name of Person

at ( 305 ) 914-4845

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2012

BIANCA SAPORITTO  
2801 NE 208TH TERRACE  
SECOND FLOOR  
AVENTURE, FL 33180

SUBJECT: MARAYLO, LLC  
Ref. Number: L10000124020

We have received your document for MARAYLO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 412A00012687

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MARAYLO, LLC**

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

FILED  
12 MAY 17 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/02/2010 and assigned  
Florida document number L10000124020.

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 office address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2801 NE 208TH TERRACE

SECOND FLOOR

AVENTURA, FL 33180

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2801 NE 208TH TERRACE

SECOND FLOOR

AVENTURA, FL 33180

**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:**

CHRISTIAN FINKELBERG

**New Registered Office Address:**

155 CAMERON COURT

*Enter Florida street address*

WESTON

*City*

Florida

33326

*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.*

*[Signature]*  
**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

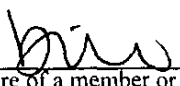
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CORBANI, LORENA A	1537 VICTORIA ISLE WAY WESTON FL 33327 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WAGEMANS, MARIE P.	2801 NE 208TH TERRACE SECOND FLOOR AVENTURA, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MORALES, JOSE A.	2801 NE 208TH TERRACE SECOND FLOOR AVENTURA, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 MAY 17 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated APRIL 18, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
BIANCA SAPORITTO  
\_\_\_\_\_  
Typed or printed name of signee