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To:

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Division of Corporations
Fax Number : (850)617-6383
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From:

Email Address:

Account Name : AGI REGISTERED AGENTS, INC. Account Number : 120000000205 Phone : (305)416-6800 Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

AN 11:37	F STATE FLORID	LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATION PALO VERDE INVESTORS, LLC			
	ЭЩ Х-Щ	Certificate of Status	0		
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EXAMINER

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12/17/2010

12/17/2010 12:	19 3054166811	ADAMS GALLINAR PA	PAGE 02/04
•			110000271044 3
•		COVER LETTER	1
TO: Registration			
Division of	Corporations		
SUBJECT:		Verde Investors, LLC	
	Name	of Limited Liability Company	
The enclosed Article	s of Amendment and fee(s)	are submitted for filing.	
Please return all corre	espondence concerning this	s matter to the following:	· .
		Diane M. Hernandez	
		Name of Person	-
		Adams Gallinar, P.A.	
	· · ····	Firm/Company	
		1000 Brickell Avenue, Suite 300	ALL:
		Address	
		Miami Elado 22121	Se - m
		Miamí, Florida 33131 City/State and Zip Code	
		dhernandez@agilaw.com ddress: (to be used for future annual report notification)	PHI2:
For further informati	E-mail a on concerning this matter,		STATE FLORIDA
	ane M. Hernandez	at (305) 416-6800	
Na	me of Person	Area Code & Daytime Telephone Numb	×:
Enclosed is a check i	for the following amount:		
S25.00 Filing For	Certificate of S	Status Certified Copy Certifie (additional copy is enclosed) Certifie	filing Fee, cate of Status & ed Copy onal copy is enclosed)
м	AILING ADDRESS:	STREET/COURIER ADDRESS:	
Re	gistration Section vision of Corporations	Registration Section Division of Corporations	
P.(D. Box 6327 llahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

H10000271044 3

12/17/2010 12:19 3054166811

PAGE 03/04

H10000271044 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALO VERDE INVESTORS, LLC (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 <u>December 3, 2010</u> and assigned Florida document number <u>L10000124594</u>.

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 "LLC."

Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	He C H
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ATT: 03

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida 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

Page 1 of 2

H10000271044 3

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L

i.

H10000271044 3 If smending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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Title	Name	Address	Type of Action
MGR	Ezra Katz	2665 S. Bayshore Drive PH 2A Coconut Grove, Florida 33133	Add Remove
MGR	<u>PV Mayan Manager, LLC</u>	2665 S. Bayshore Drive PH 2A Coconut Grove, Florida 33133	Add Remove
			_ Add _ Remove
		·	Add Remove
			Add Remove
	4		Add Remove
D. If amendin	g any other information, enter change(i) here: (Attach additional sheets, if necessary.)	_
			_
			_

Dated	December 17th	
		stature of a member or authorized representative of a member
	Michael D	. Gallinar, Esq., Authorized Representative of Member
		Typed or printed name of signee
		Page 2 of 2

Filing Fee: \$25.00

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