

Division of Corporations Electronic Filing Cover Sheet

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(((H12000112575 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINECREST 60, LLC

APR 25

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Electronic Filing Menu

Corporate Filing Menu

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4/25/2012

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EMPIRE CORP KIT

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COVER LETTER

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IO:	Registration So Division of Con	tetiou rporations				
SHRYK	С Т•	Pinec	rest 60, LLC			
			ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter				
			Alfredo D. Xiques			
			Nume of Person			
Eduardo Jose Garcia, P.A.						
	Flrm/Company					
		2950 9	SW 27th Avenue, Su	ite 300		
			Address			
		,	Miami, Florida 3313	2		
			City/State and Zip Code			
		á	xiques@rptgfla.coп	·		
		E-mail address: (o be used for funite amus) n	-port notification)		
For furt	her information	concerning this matter, please c	#ll:			
	Alfr	edo D. Xiques	st (305)	358-4800		
		of Person		& Dayrime Telephone Number		
Enclose	ed is a check for t	the following amount:				
₹] \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	Certifies carelosed) Certifies	ate of Status &	
	Regist Divisio P.O. S	ING ADDRESS: ration Section on of Corporations tox 6327 assec. FL 32314	Registrati Division Clifton B	COURIER ADDRESS: on Section of Corporations uilding outive Center Circle		

412000112575

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Pinecrest 60, LLC				
(Name of the Cimited L.	iability Company as it now appendionida Limited Liability Company)	-sbroom records			
The Articles of Organization for this Limited Liab Florida document number		12/6/2010	and assigned		
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited hability company her	æ:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	my," the designation "	LC" or the abbreviation		
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET.	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	280				
B. It amonding the registered agent and/or registered agent and/or the new registered office		our records, enter t	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:	En	ter Florida street add	rass		
	, Florida				
	Cin		Zip Code		
New Reclatered Agent's Signature, if changing Ros	Istered Agents				
I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to meraly reflect a change in the reg company has been notified in writing of this ch	per and complete performance tred agent as provided for in Ch gistered office address, I hereby	of my duties, and I d apter 608, F.S. Or,	im familiar with and If this document is		

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04/S2/S015 13:58 302633666 EWPIRE CORP KIT

If Changing Registered Agent, Signature of New Registered Agent

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If umending 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:

MGRM = Managing Member <u>Address</u> Type of Action Title Name MGR Thomas Cabrerizo 10205 S DIXIE HWY STE 200 [] Add PINECREST FL 33156 🔲 Remove Add Remove Remova Remove ∐Add Remove □ Vtrl Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Dated Signarure of a member or authorized representative of a member Jose Garcia, Manager

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Filing Fee: \$25.00

Typed or printed name of signed

H12000112575

MGR = Manager