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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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EXAMINER		
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Office Use Only



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SECRETARY OF STATE
TAULAHASSEE, FLORIDA

11 JUN -8 PH 1:2

COVER LETTER

Division of Co	rporations				
SUBJECT:	Fonseca Realty, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Santiago Fonseca			
		Name of Person			
		onseca Realty, LLC			
		Firm/Company			
	1	1830 Main Street #204			
		Address			
		Weston, FL 33326			
		City/State and Zip Code			
	santiag E-mail address: (o.fonseca@accelogic.com to be used for future annual report noti	fication)		
For further information	concerning this matter, please of	eall:			
	April Sortor	at (_954)	888-4711		
Name	of Person	Area Code & Daytir	me 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS: tration Section	STREET/COUR Registration Secti	RIER ADDRESS:		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>.</u> <u>F</u>	onseca Re	ealty, LLC			
(<u>Name of the Limited L</u> (A F	<u>iability Compar</u> Iorida Limited L	<u>iy as it now appear</u> iability Company)	s on our records.)		
The Articles of Organization for this Limited Liab		were filed on	03/21/2011	and assig	ned
Florida document numberL110000337	<u>00 </u> .				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	nny," the designation '	'LLC" or the ab	breviation
Enter new principal offices address, if applicable:		13680 NW 14	th Street		
(Principal office address MUST BE A STREET ADDRESS)		Sunrise, FL 3	33323		
Enter new mailing address, if applicable:		13680 NW 14	Ith Street		
(Mailing address MAY BE A POST OFFICE BOX)		Sunrise, FL 3			
B. If amending the registered agent and/or registered agent and/or the new registered office	-		our records, <u>enter</u>	the name of 11 JUN	the new
Name of New Registered Agent:				₹ 1	December 1
New Registered Office Address:	13680 NW		ter Florida street aa	dress 3	in į
		Sunrise	, Florida	三公 第五 3 33 23	O
		City	·	Zip Odle	

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.

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>	Type of Action
MGRM	Ana Hernandez	13680 NW 14th Street Sunrise, FL 33323	✓ Add Remove
			Remove
			Remove
			Remove
D. If amen	ding any other information	, enter change(s) here: (Attach additional shee	ets, if necessary.)
_			
 Dated	May 31	, _ 2011	
	Signatu	re of a member or authorized representative of a me	ember
		Santiago Fonseca	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00