# JUN-10-2011 BRI 12:35 PM Stegfaird, Rivers, Series (AX NO. 9544652590

# Florida Department of State

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Account Number : 07 Phone : (3

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Pax Number

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA'S RIVIERA REALTY, LLC

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J. BRYAN

JUN 1 3 2011

**EXAMINER** 

JUN-10-2011 FRI 12:30 PM Siegfried, Rivera, Lerner FAX NO HILOOO 15450 a 3

FAX NO. 9544652590

## **COVER LETTER**

TO: Registration : Division of C				
SUBJECT:	FLORIDA'S R	IVIERA REALTY, L	.LC	
		ited Liability Company		•
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
		ANETTE DELGADO		- T. 10
		Name of Person		THE T
	FLORID	A'S RIVIERA REALTY	/, LLC	題三一
•		Firm/Company		TARSEE. TO
	500 BA	YVIEW DRIVE, SUITE	E FW	TILLEU M. 26  TIMIO M. B. 26  SECRETASSEE FILOME
		Address	· · · · · · · · · · · · · · · · · · ·	. 2
	SUNNY IS	LES BEACH, FLORID	A 33160	\$T -
		City/State and Zip Code		•
	E-mail address: te	sdel12@yahoo.com to be used for future unnual repor	notification)	
For further information of	concerning this matter, please c	_		
ANE <sup>-</sup>	ITE DELGADO	at (_305 )	3057539	
Name o	of Person		Paytime Telephone Numbe	r
Enclosed is a check for t	he following amount:			
₹ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc		nto of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

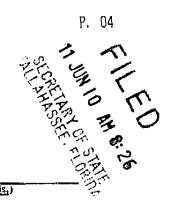
STREET/COURIER ADDRESS: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tullahassee, FL 32301

(additional copy is enclosed)

JUN-10-2011 FRI 12:30 PM Siegfried, Rivera, Lerner FAX NO. 9544652590 HII OOO 1545 Oa 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA'S RIVIERA REALTY, LLC



Zip Code

(A Florida Limited Liability Company	)	****
The Articles of Organization for this Limited Liability Company were filed on	April 18, 2011	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	ero:	
The new name must be distinguishable and end with the words "Limited Liability Com" L.L.C."	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		
Enter new mailing address, if applicable:		
Of HE 22 MAY DE 4 BOOM OFFICE BOYS		
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, <u>enter the</u>	name of the new
Name of New Registered Agent:		
New Registered Office Address:	nter Florida street addres	2.5
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

MGR = Manager

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:

MGRM = Managing Member Title Type of Action <u>Name</u> Address MGR ANETTE DELGADO **500 BAYVIEW DRIVE** Add Remove SUITE FW SUNNY ISLES BEACH, FL. 33160 🗍 Add Remove 🗖 Add Remove □ Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 8 2011 Dated | Signature of a member or authorized representative of a member ANETTE DELGADO

> Page 2 of 2 Filing Fee: \$25,00

Typed or printed name of signee

HIINNO1545023