L11000063505

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(6.13.03.03.12.13.1.10.10.1.7)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700209828837

07/19/11--01030--030 **30.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS

JUL 2 0 2011

EXAMINER

1200 Four Seasons Tower 1441 Brickell Avenue Miami, Florida 33131

₩ARIA Ñ. ACEVEDO ◆ RAYDA ALEMÁN ELIZABETH LEE CRABTREE GERALD M. DEL AMO LUIS E. DELGADO HOWARD S. GOLDFARB PETER W. HOMER ** JAMES C. KELLY * CHRISTOPHER J. KING RYAN H. LEHRER H. JAMES MONTALVO *** GREGORY J. TRASK **** ANDREW VITALI, III

July 15, 2011

R. LAWRENCE BONNER (1956 - 2007)

OF COUNSEL: GEORGE BEFELER DOUGLAS F. EATON WILLIAM G. WOLK

TELEPHONE (305) 350-5100 TELECOPIER (305) 372-2738 E-MAIL: info@homerbonner.com WEBSITE: www.homerbonner.com

Also licensed in New York

** Also licensed in Maryland
*** Also licensed in New York & District of Columbia

**** Also licensed in District of Columbia

SENDER'S DIRECT TELEPHONE NUMBER: (305) 350-5185 SENDER'S DIRECT FAX NUMBER: (305) 982-0093 SENDER'S DIRECT E-MAIL: hborges@homerbonner.com

Via Federal Express Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

> Amendment to Articles of Organization for Amzak RE Properties, LLC Re:

Gentlemen:

Attached you will find the Articles of Organization for Amzak RE Properties, LLC to be amended to Amberton Properties, LLC.

Should you have any questions or need further information, please contact me.

ery truly yours,

Corporate Par

HOMERBONNER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Arrizok, RE PROPERTIES, 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:
GECKGE BEFELER Name of Person
HOMER BONNER, P.A. Firm/Company
1200 Four Seasons Tower-1441 Brickell Avenue
City/State and Zip Code hove So hometonner. Com E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 350-5185 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Solve a control 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

ARTICLES OF AMENDMENT TO

TO				
ARTICLES OF O	RGANIZATION FILE FILE			
Ol	2011 111			
Amzak RE R	RGANIZATION FILE 2011 JUL 19 PM 2 26 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records. LAHASSES			
(A Fiorida Limited L	lability Company)			
The Articles of Organization for this Limited Liability Company	were filed on $05/31/2011$ and assigned			
The Articles of Organization for this Limited Liability Company Florida document number <u>L1100063505</u> .	1 /			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
AMBERTON PROPERT	iec //			
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation			
"L.L.C."				
Enter new principal offices address, if applicable:	NA			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	AI /A			
(Mailing address MAY BE A POST OFFICE BOX)				
(Manning undress MAT BE AT OST OFFICE BOX)				
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new			
registered agent and/or the new registered office address here:				
	1			
Name of New Registered Agent:	<i>N</i> /A			
New Registered Office Address:	·			
New Registered Office Address.	Enter Florida street address			
	Florida			
	, 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 compl accept the obligations of my position as registered agent as p				
being filed to merely reflect a change in the registered office				
company has been notified in writing of this change.	Alla			

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 = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
NA	NA	NA	Add Remove
			Add Remove
			Add Remove
D. If amo	ending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	-
-		T	E 1105
Dated	July 15, Jelen	SECRETARY OF STATE	FILED 2011 JUL 19 PM 226
	Signature of a	member or authorized representative of a member VICS Typed or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00