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COVER LETTER

TO: Registration Section Division of Corpo			,
SUBJECT:1	414 NE 26	AVENUE, LLC	
Sobolett.		ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Jose	E TADUA Name of Person	
		Name of Person	1
	1414 NE	Firm/Company	<u>.</u>
	<u> </u>	Firm/Company	
	17376 VI	estancia de	
		Address	
	BOCA @	City/State and Zin Code	6
	_	City/state and Zip Code	
		ADUA @ GHLIL. COM to be used for future annual report notificat	
For further information con	cerning this matter, please co	·	iony
	PADUA	at (64b) 251-979	11
Name of P	erson	Area Code & Daytime To	elephone 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 enclosed)	\$60.00 Filing Fee, Certificate 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 ARTICLES OF ORGANIZATION OF

FILED.

2013 OCT 17 PM 12: 37

7414 NE	26 AVENUE, LLC TALLAHASSEE, FLORIDA
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	17376 VISTANCIA CIE
(Principal office address MUST BE A STREET ADD	BOCA CATON, FL 32296
Enter new mailing address, if applicable:	17376 VISTANCIA CIR BOCA RATON FL
(Mailing address MAY BE A POST OFFICE BOX)	33496
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	LOSE PADUA
New Registered Office Address:	17376 VISTANCIA CIE
	Enter Florida street address City City Zip Code
New Registered Agent's Signature, if changing Register	red Agent:
	at and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title **Type of Action** <u>Name</u> **Address** 17600 collins AVE LOSE M PADROW MGRM SULLY TS/ES BEACH, FL Remove 33160,05 17376 VISTANCIA CIR FADUA GROWP LLC BOCA PATON, FL 33496 GROUP PG-1 LLC 17376 VISTANCIA CIR BOUR PATON, IL Remove 33496 H>16 Add 4/4 Remove Remove

W/VIII) W
 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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