## 111000072571

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D. BRUCE
JUN 28 2011
EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Flowmoney 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:
Karina L. Bruschetti Name of Person  Team Real Estate Management LLC
Firm/Company
2801 NE 208th Ter Ste. 200
Sventura - FL - 33180 City/State and Zip Code
Karina O team remanagement. Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karina L. Bruschetti at 305, 454-0915  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

Flowmoney Prox	perties L1	-C	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L		our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 4/1000072571.	were filed on 4/3	and assigned	!
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company," t	he designation "LLC" or the abbrev	iatio
Enter new principal offices address, if applicable:			و.' "ريد. ' :
(Principal office address MUST BE A STREET ADDRESS)			; 
		\$58° 27	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	PRIED A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the	new
	_		
Name of New Registered Agent:			
New Registered Office Address:	P		
	Enter Fl	orida street address	
		, Florida	
	Citv	Zin 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 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.

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 <u>Name</u> **Address** Type of Action MGRM Zanabria, Yasmin 2801 NE 208th Ter Ste. 200 Aventura-FL-33180 MGRM Zanabria Rocio 2901 NE 208th Ter Ste. 200 Aventura - FZ-33180 MGRM Zolezzi, Claudio  $\square$ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The MGRM that we add are the ne ones we removed was a d representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00