

# L/11000098300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

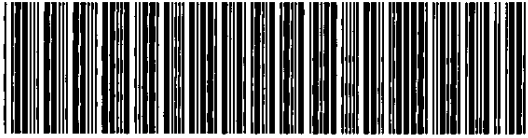
(Business Entity Name)

(Document Number)

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2014 MAR - 3 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR - 6 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2014

ABRAHAM XXVII L.L.C.  
ANTHONY PESTANA  
4810 SW 69TH AVE.  
MIAMI, FL 33155

SUBJECT: ABRAHAM XXVII L.L.C.  
Ref. Number: L11000098300

We have received your document for ABRAHAM XXVII L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : AP ACQUISITIONS, LLC, document number L06000013540. .

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 514A00000938

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABRAHAM XXVII L.L.C  
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:

ANTHONY PEJANA  
Name of Person

ABRAHAM XXVII LLC  
Firm/Company

4810 SW 69 AVE  
Address

MIAMI, FL, 33054  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY PEJANA at (706) 368-3174  
Name of Person Area Code Daytime 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 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

2014 MAR -3 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ABRAHAM XXVII L.L.C

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/26/2011 and assigned Florida document number L 11 0000 98300.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

A.P ACQUISITIONS, REIT, L.L.C

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15721 NW 45 AVE

**(Principal office address MUST BE A STREET ADDRESS)**

OPA LOCKA, FL 33054

Enter new mailing address, if applicable:

15721 NW 45 AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

OPA LOCKA, FL 33054

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ANTHONY PESTANA

New Registered Office Address:

15721 NW 45 AVE

Enter Florida street address

OPA LOCKA

Florida

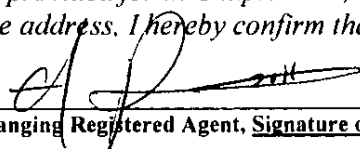
33054

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 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 605, 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 Changing Registered Agent, Signature of New Registered Agent

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

MGR = Manager,  
AMBR = Authorized Member

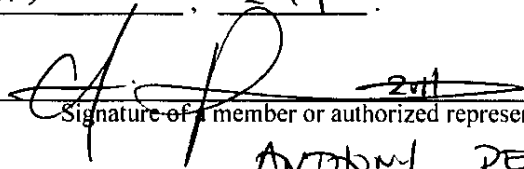
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTHONY PESTAJA	15721 NW 45 AVE	<input checked="" type="checkbox"/> Add
		OPA - LOCKA, FL 33054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I ANTHONY PESTANCA AM FAMILIAR  
WITH AND ACCEPT THE OBLIGATIONS  
OF THIS POSITION

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated MARCH 3RD, 2014.

  
Signature of a member or authorized representative of a member  
ANTHONY PESTANCA  
Typed or printed name of signee