## L12000001879

. (Requestor's N	lame)	
(Address)		
. (Address)		
(City/State/Zip/	/Phone #)	
PICK-UP WA	AIT MAIL .	
(Business Enti	ty Name)	
(Document Number)		
Certified Copies Certi	ficates of Status	
Special Instructions to Filing Officer:		

Office Use Only



300238580193

08/20/12--01016--025 \*\*25.00

12 AUG 31 AM 10: 0

CED \_ 4.700

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Qui la Gussil Mana Name of Limited Liability Con	pany	
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Veronica agui	Son Son	
Aguilar asst Firm/Comp		
301 4/55 Street Address		
Miami Beach City/State and Z	FL 33140 p Code	
Veronica @ & 601 WARAY . Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Vuonica agrifus at 30 Name of Person	5) 3/6 - 4470 rea Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified (additional)		

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



August 21, 2012

VERONICA AGUILAR 301 41ST STREET SUITE 400 MIAMI BEACH, FL 33140

SUBJECT: AGUILAR ASSET MANAGEMENT LLC

Ref. Number: L12000007879

We have received your document for AGUILAR ASSET MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Letter Number: 912A00021465

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FILED
(Name of the Limited Liability Compar (A Florida Limited L	MANAGEHENT LLIEBUG 31 BM 10: 01
(A Florida Limited L	iability Company) IALL AHASSON STAJE
The Articles of Organization for this Limited Liability Company	were filed on $\frac{O(1/8/2)}{O(1/8/2)}$ and assigned
	were filed on and assigned
Florida document number <u>L/2000007879</u>	
This amendment is submitted to amend the following:	
A If amounting name and the new name of the limited liab	ilidu aanaman, haas
A. If amending name, enter the new name of the limited liab $ABSETM$	My company nere:
<del>,, ,,, , , , , , </del>	
The new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
	and lust Ct t
Enter new principal offices address, if applicable:	301 41 Sheet
Principal office address MUST BE A STREET ADDRESS)	Suite 400
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Mami Bach, FL 33140
	,
Enter new mailing address, if applicable:	5055 Collers Ave
Mailing address MAY BE A POST OFFICE BOX)	Sut 39
	5055 Collens Dre Sute 3G Mani Beach FC 33142
	ream pace
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Lines 1 fortid sirees dudress
	, 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

Zip Code

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 **Address** Type of Action Name Veronica Aguilar MGRH Add Remove ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ust name AGUILA ASSET HANAGEMENT. Dated 08/29/20/2

UERONI OF AGUICAR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00