L120000010871

(Re	equestor's Name)	
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12 APR 19 PH 1: 19
SECTIONS FOR FLORID

B. BOSTICK
APR 2 0 2012
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Mevedes Martin Realty, 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:
Mercedes Martin Name of Person Meiredes Martin Realty, LCC
Meiredes Martin Realty, LCC Firm/Company
523 NG 16th Avenue
Fort Lauderdale, FL 33301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mercedes Martin at 954. 249-8222 Mills 1984. Area Code & Daytime Telephone Number 1984.
SIATE LORID
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Status Status Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Nerredes	Martin Keal	ty ILLC	
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on/	$\frac{124/12}{}$ and assigned	
Florida document number <u>L 12000010871</u>	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and end with the	vords "Limited Liability Company	," the designation "LLC" or the abbreviation	
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	· .	
		A S 12	
		la San PD ™ RD ™	
Enter new mailing address, if applicable:	 	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		m. —	
	·		
		ORAT 1	
B. If amending the registered agent and/or registered agent and/or the new registered office a	istered office address on our	r records, enter the name of the new	
registered agent and/or the new registered office a	idites nort.		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
•			
	City	, Florida 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 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 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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** ROSAURA E. FIGUEROA 523 NE 16th AVE MGRM ☐ Add **Remove** MGR ☐ Add ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 18 2012 Signature of a member or authorized representative of a member Martin Mercedes Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00