

U2000011471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900216549509

FILED
12 FEB 17 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
12 FEB 17 AM 10:42

D. BRUCE

FEB 20 2012

EXAMINER



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 099895 118429A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 17, 2012

ORDER TIME : 10:17 AM

ORDER NO. : 099895-005

CUSTOMER NO: 118429A

DOMESTIC AMENDMENT FILING

NAME: LOS PALOS GRANDES INVESTMENTS,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

FILED
12 FEB 17 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOS PALOS GRANDES INVESTMENTS, LLC

(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 1/24/12 and assigned
Florida document number L12000011471

This amendment is submitted to amend the following:

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

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: 9400 Hollyhock Court, Davie, FL 33328
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 9400 Hollyhock Court, Davie, FL 33328
(Mailing address MAY BE A POST OFFICE BOX)

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: Alexandra Amoriggi Dekok

New Registered Office Address: 9400 Hollyhock Court

Enter Florida street address

Davie, Florida 33327
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 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.

Alexandra A. Dekok
If Changing Registered Agent, Signature of New Registered Agent

FILED
12 FEB 17 AM 11:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

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	Name	Address	Type of Action
MGRM	Alexandra Amoriggi Dekok	9400 Hollyhock Court, Davie, FL 33328	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Alexandra Amoriggi Dekok	9400 Hollyhock Court, Davie, FL 33328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please update email address for future notifications to:

alexandra_dekok@yahoo.com

Dated February 14, 2012


Signature of a member or authorized representative of a member

Alexandra Amoriggi Dekok
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
12 FEB 17 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA