L12000022210

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COVER LETTER

	gistration Section ** ** vision of Corporations		* ** *** ***	1
SUBJECT:	CEVALLOS LOPEZ RE	AL ESTATE HOL		
		ed Liability Company		
The enclose	ed Articles of Amendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspondence concerning this matter t	to the following:		
		JOEL FRIEND Name of Person		
	JOEL FRI	END & ASSOCIATE	S, INC.	
	2862 EVECII	Firm/Company TIVE PARK DRIVE,	CHITE 105	
		Address	00112 103	
	WE	STON, FL 33331-364 City/State and Zip Code		
	E-mail address: (to	oel@joelfriend.com	The grant of the	
For further	information/concerning this matter, please ca	ill: မွာ မြော မွာ သွင်		
	JOEL FRIEND Name of Person	at (_954_)	704-1040 Daytime Telephone Number	_
	Name of Person	Alea Code &	Daytime Telephone Number	
Enclosed is	a check for the following amount:		1 · · · · · · · · · · · · · · · · · · ·	,
\$25.00 1	Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fe Certificate of S certified Copy (additional cop	Status &
	· ·			
. • •	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration	Corporations ding	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEVALLOS LOPEZ REAL ESTATE HOLDING, LLC (Name of the Limited Liability Company as it now appears on our records)

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

4 was in

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreve "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: N/A N/A N/A N/A N/A N/A N/A N/	The Articles of Organization for this Limited Liab Florida document numberL120000222		were filed on _	FEBRUAR	Y 15, 201	2 and a	ssigned
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreval. L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A NAME Company," the designation "LLC" or the abbreval can be designation of the designation of the designation of the registered part and variety of the support of the name of the registered agent and/or the new registered office address here:	This amendment is submitted to amend the follow	ring:					
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreve "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new 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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A	A. If amending name, enter the new name of the	ne limited liabi	lity company	<u>here</u> :			
*L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A		N/A					
SUITES 1 & 2 WESTON, FL 33326	The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ed Liability Co	mpany," the de	signation "Ll	LC" or the	abbreviation
Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A WESTON, FL 33326 Enter new mailing address, if applicable: 1960 N. COMMERCE PARKWAY SUITES 1 & 2 WESTON, FL 33326	Enter new principal offices address, if applicable:		1960 N. COMMERCE PARKWAY				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SUITES 1 & 2 WESTON, FL 33326 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	(Principal office address MUST BE A STREET ADDRESS)		SUITES 1 & 2				
(Mailing address MAY BE A POST OFFICE BOX) SUITES 1 & 2 WESTON, FL 33326 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:			WESTON, FL 33326				
(Mailing address MAY BE A POST OFFICE BOX) SUITES 1 & 2 WESTON, FL 33326 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:							
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: N/A	Enter new mailing address, if applicable:		1960 N. COMMERCE PARKWAY				
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: N/A	(Mailing address MAY BE A POST OFFICE BOX)		SUITES 1 & 2				
registered agent and/or the new registered office address here: Name of New Registered Agent: N/A		WESTON, FL 33326					
PM G T				n our record	ls, <u>enter tl</u>	<u>ie name</u>	of the nev
	Name of New Registered Agent:	N/A			TALLA	SFCRI	
New Registered Office Address: N/A	New Registered Office Address:	N/A			HAS	⊳ ∾	
Enter Florida street address N/A N/A City New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Res	gistered Agent:			5 س ً	Zip Co.	de —

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

<u>Title</u> <u>Name</u> Address Type of Action MGR CEVALLOS, CARLOS JULI 1960 N. COMMERCE PARKWAY ☐ Add SUITES 1 & 2 Remove WESTON, FL 33326 MGR LOPEZ, AMPARO YAMILE 1960 N. COMMERCE PARKWAY SUITES 1 & 2 Remove WESTON, FL 33326 ___ Remove □Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A **MAY 29** 2012 Signature of a member or authorized representative of a member CARLOS JULIO CEVALLOS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00