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SEGRETARY OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	1 Z ARRO Rec	LL Estate, LL ( ed Liability Company	<u></u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•		
Please return all correspo	ondence concerning this matter	to the following:			
	Alvaro	Pizarro Name of Person	· · · · · · · · · · · · · · · · · · ·		
	PIZARRO	Pizarro Name of Person  Red Estato L Firm/Company	LC		
	9625 N	NAddress	TALLIA	ZIHB AUG 15	7
	Coral Sp	City/State and Zip Code	ASSEE FLORIG	6 15 PI	M
		o be used for future annual report notification	on)	PM 3: 30	1
For further information c	concerning this matter, please co	all:	Ďį.		
Alvaro 6	PIZARNO of Person	at (954) 531 - 2  Area Code & Daytime Te			
Enclosed is a check for t	he 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	ż	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIZARRO 1	Zeal Estate LL	- (			
( <u>Name of the Limited Li</u> (A Flo	ability Company as it now appears o orida Limited Liability Company)	n our records.)			
The Articles of Organization for this Limited Liabi Florida document number <u>L120000</u> 30	ility Company were filed on $_{\underline{}}$	•	_ and ass	igned	
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	ne limited liability company here:				
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,	"the designation "LL	C" or the ε	abbreviatio	n
Enter new principal offices address, if applicable	le;			<b></b>	
(Principal office address MUST BE A STREET A	4DDRESS)				
			200		_
			AR)	<u> </u>	
Enter new mailing address, if applicable:			(F) (E)	2 [	Π
(Mailing address MAY BE A POST OFFICE BO	<u></u>		ြိုဟ	LL L	7
			RIDA	္	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the	e name o	of the ne	w
Name of New Registered Agent:					
New Registered Office Address:					
	Enter	Florida street addre	SS		
		, Florida		<del>,                                      </del>	
	City		Zip Code	3	

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 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>	Name	Address	Type of Action
m <u>brm</u>	Gonzolo Rodolfo	9625 NW 26th C+	X Add
	PIZARRO STronvalle	9625 NW 26th C+ Coral Springs, FL 33069	Remove
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If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ited	August 8, 2013.
	Signal Alvaro, Pizarro
	Typed or printed name of signee  Page 3 of 3

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Filing Fee: \$25.00

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