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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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2012 HAY 21 PM 1: 33
SECRETARY OF STATE

J. BRYAN

MAY 2 2 2012

EXAMINER

COVER LETTER

Division of Cor			y
SUBJECT: Mer	cado Real	Estate Servi	ces LLC
	Name of Limit	ted Liability Company	
			_
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	超量力
Please return all correspon	ndence concerning this matter	to the following:	72
	Derek	Fuelling Name of Person	THE PHISSES OF SAME
	FLA TAX	Advisors I Firm/Company	NC BANG
	3300 W.	Hullsboro Bla Address	vd #3
	Deer-fiel	d Beach FL City/State and Zip Code	33442
	Tax 333 E-mail address: (1	309	Com tion)
For further information co	oncerning this matter, please c	all:	
Derek F	Person	at (<u>954)</u> <u>993</u> — Area Code & Daytime T	elephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

30. -FLA DEST of STate 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

Do 1 Cotate Convinces

	10 Keal	ESTATE).	ervices LL	
(Name of the Limit	(A Florida Limited Lia	as it now appears on our bility Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Florida document number \(\begin{aligned} \L/20000 \end{aligned}\)	Liability Company w			igned
This amendment is submitted to amend the fo	ollowing:		HAY 2	=
A. If amending name, enter the new name $ANTONIO r$			SSEE	
The new name must be distinguishable and end "L.L.C."	with the words "Limited	d Liability Company," the	designation "LLC" or the a	bbeviation
Enter new principal offices address, if app	licable:	same_		
(Principal office address MUST BE A STRI	EET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	EE BOX)	same		
B. If amending the registered agent an registered agent and/or the new registered	office address here:			
Name of New Registered Agent:	Dere	K Fuel	RIVA #3	
New Registered Office Address:	3300 W	HUlls BORD	13 V A	
	Deerfield	Beach City	naa street aaaress _, Florida <u>33 44</u> Zip Code	12
New Registered Agent's Signature, if changin	g 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	_2 =
Dated	Derek Signature of a me	Tuller's ember or authorized representative of a member Luchtung Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00