

Division of Corporations

4/13/15, 3:52 PM

# L12000045042

Florida Department of State  
Division of Corporations  
Electronic Filing (Cover Sheet)

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H150000905263ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : APSIDES LLC  
Account Number : I20130000089  
Phone : (305)260-6912  
Fax Number : (305)675-0775

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APSIDES REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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 TALLAHASSEE FLORIDA

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DIVISION OF CORPORATIONS  
 INFORMATION SERVICES

APR 24 2015  
 D. BRUCE

850-617-6381

4/22/2015 10:54:32 AM PAGE 1/001 Fax Server



April 22, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

APSIDES REALTY LLC  
1000 BRICKELL AVE  
720  
MIAMI, FL 33131

SUBJECT: APSIDES REALTY LLC  
REF: L12000045042

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 15 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H15000090526  
Letter Number: 615A00008085

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TALLAHASSEE FLORIDA

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INFORMATION SERVICES

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APSIDES 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:

Carlos Alamo

Name of Person

Apsides Realty LLC

Firm/Company

1430 S Dixie Hwy Ste 317

Address

Coral Gables FL 33146

City/State and Zip Code

calamo@apsidesrealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Alamo

Name of Person

at (305)

Area Code

260-6912

Daytime Telephone Number

Enclosed is a check for the 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  
(additional copy is enclosed)

**MAILING ADDRESS:**  
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

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

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

APSIDES REALTY 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 04/02/2012 and assigned Florida document number L12000045042.

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 "L.L.C." or the abbreviation "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 new registered agent and/or the new registered office address here:**

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 605, 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**

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**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Guillermo Carrillo	1430 S dixie Hwy Ste 317	<input type="checkbox"/> Add
		Coral Gables FL 33146	<input checked="" type="checkbox"/> Remove
MGRM	Carolina Noszticzus	1430 S dixie Hwy Ste 317	<input checked="" type="checkbox"/> Add
		Coral Gables FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: April 23 2015 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 23 2015



Signature of a member or authorized representative of a member

Carlos Alamo

Typed or printed name of signee

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Filing Fee: \$25.00

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