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COVER LETTER

Apsides Re	alty LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carlos Alamo		
	•	Name of Person	
	Apsides Realty LLC/Abod	ee Realty LLC	
		Firm/Company	
	1430 S Dixie Hwy Ste 317		
		Address	<u> </u>
	Coral Gables FL, 33146		
		City/State and Zip Code	
	calamo@apsidesmgt.com		
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	ıll:	
Carlos Alamo		305 260-6912	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apsides Realty LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on <u>04/02/2012</u>	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 lia	ibility company here:	
Abodee Realty LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" 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 registered agent and/or the new registered office address he	——————————————————————————————————————	r the name of the new
Name of New Registered Agent:	·	-
New Registered Office Address:		
	Enter Florida street address , Florida	1000 D
	City	Zin Code

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			☐ Remove	
			Change	
			Add	
			☐ Remove	
			☐ Change	
			□ Remove	
			☐ Change	
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			Remove	
			☐ Change	
			□ Add	
			Remove	
			5 Ok	

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fective date, if other than	he date of filing:	(optional)
n effective date is listed, the date of the late in the date inserted in this	he date of filing: must be specific and cannot be prior to date of filing or m block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will not be listed
cument's effective date on th	Department of State's records.	
record specifies a dela The 90th day after the i	red effective date, but not an effective t ecord is filed.	ime, at 12:01 a.m. on the earlier
ited	2018	
Ortail	MW C	
Way V	Signature of a member or authorized representative	

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Filing Fee: \$25.00