# L1200045044

| (Re                     | questor's Name)        |
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| (Ĉit                    | y/State/Zip/Phone #)   |
| PICK-UP                 | WAIT MAIL              |
| (Bu                     | siness Entity Name)    |
| (Do                     | cument Number)         |
| Certified Copies        | Certificates of Status |
| Special Instructions to | Filing Officer:        |
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B. KOHR



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |  |  |  |
|--|---|--|--|--|
| SUBJECT: MCC                           | RAE PEREZ L                                 | .LC  |  |  |
| Name of Limited Liability Company      |   |  |  |  |
|  |   |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are subr               | nitted for filing.   |  |  |
| Please return all correspo             | ndence concerning this matter t             | to the following:  |  |  |
|  | JOSE L. PEF                                 | REZ  |  |  |
|  |   | Name of Person   | THE STATE OF THE S |  |
|  |   |  |  |  |
|  |   | Firm/Company   |  |  |
|  |   |  | TO US  |  |
|  |   | Address  |  |  |
|  | 17707 NW M                                  | IAMI COURT SUI   | ΓΕ 101   |  |
|  |   | City/State and Zip Code  |  |  |
|  | MIAMI, FL. 33169                            | ) be used for future annual report notificati                      | on)  |  |
| For further information of             | oncerning this matter, please ca            |  | on,  |  |
|  |   |  | •  |  |
| JOSE L. PE                             |   | <sub>at (</sub> 305 <sub>)</sub> 6909998                           |  |  |
| Name o                                 | f Person                                    | Area Code & Daytime Te   | lephone Number   |  |
| Enclosed is a check for the            | 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  |  |

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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### MCCRAE PEREZ 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 Liabi  | lity Company were filed on 04/02/2013                     | 2 and assigned   |
|--|---|--|
| Florida document number L12000045044   |   | 14 CO 15 1   |
|  |   | AFE 2  |
| This amendment is submitted to amend the following   | ng;   | To the second second   |
| A. If amending name, enter the new name of the   | e limited liability company here:                         | TICL THE REPORT OF THE PARTY OF |
|  |   | 70000  |
| The new name must be distinguishable and end with th "L.L.C."                                | e words "Limited Liability Company," the d                | esignation "LLC" of the abbreviation   |
| Enter new principal offices address, if applicable   | e:  |  |
| (Principal office address MUST BE A STREET A   | (DDRESS)  | V2.474.1.  |
|  |   |  |
|  |   |  |
| Enter new mailing address, if applicable:  | -   |  |
| (Mailing address MAY BE A POST OFFICE BO.  | <u></u>   |  |
|  |   |  |
| D. If  |   |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our recoi<br>e address here: | rds, enter the name of the new   |
|  |   |  |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
|  | Enter Floria  | la street address  |
|  |   | Florida  |
| _  | City  | 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>     | Address              | Type of Action |
|--------------|-----------------|----------------------|----------------|
| MGR          | YULIA ZILBERMAN | 17707 NW MIAMI COURT | ☐ ✓ Add        |
|              |                 | SUITE 101            | Remove         |
|              |                 | MIAMI, FL. 33169     | <del></del>    |
|              |                 |                      | _              |
|              |                 |                      | Remove         |
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|              |                 |                      | Add            |
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|              |                 |                      | Remove         |
|              |                 |                      |                |

| D. If amending any other information, en | ter change(s) here: (Attach additional sheets, if necessary.) |
|--|---|
|  |   |
|  | <del></del>   |
|  |   |
| Dated FEBRUARY 11                        | 2013  |
| · · · · · · · · · · · · · · · · · · ·    | a member or authorized representative of a member             |
| JOSE L. PEREZ                            |   |
|  | Typed or printed name of signee                               |
|  | Page 3 of 3   |

Filing Fee: \$25.00