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SECRETARY OF STAIR TALLAHASSEE, FLORIDA

D. BRUCE
JUL 2 3 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: WA	ISKA PRO	PERTIES, LLC ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		elissa Meskaus Name of Person	s KAS
	WAis	KA PROPERTIES, LLC Firm/Company	• <u>•</u>
		NON BLVd. #5	
	Key Bisas	YNC, FL 33149 City/State and Zip Code	ASS. 20
		ANN & YAHOO · COM to be used for future annual report notification	D PHIZ: 0
For further information con	cerning this matter, please c	all:	©m o
WALTER HOR	MANN Person	at (305) 498 - 600 Area Code & Daytime Telep	hone 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)
MAILIN	G ADDRESS:	STREET/COURIER A	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	erties, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L 12 00 00 4 9 8 9 1</u>	ompany were filed on <u>04/12/201</u> 	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the designate	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		.12 SEC
(Principal office address MUST BE A STREET ADDR	(ESS)	AR S
		ASS N
		AND
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		23. 09 €: 09
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Florie	da
	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 Changing Registered Agent, Signature of New Registered Agent

MGR = Mar MGRM = M	nager lanaging Member			
<u>Title</u>	Name	Address	Type of Action	
MGRM	Lopes de Paula, Israel	2118 NE 15Th St. FORT LAUDERDALE, FC 33304	Add _ X Remove	
16RM	MARKMAN, CASSIO	15811 collins AVE, AFT 1208 SUNNY ISLES, FL 33160	Add Remove	
			Add Remove	
			Add Remove	
		Add Remove 		
			Add Remove	
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	12 JUL 20 PM I2: 09 SECRETARY OF STATE TALLAHASSEELFLORIDA	FILED
Dated	ly 17, 201	2. Waite Mun	<u> </u>	