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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OFICINAS 1200, LLC

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### RICARDO MARTINEZ-CID

Professional Association Attorney at Law

1699 Coral Way, Suite 510, Miami, Florida 33145-2860 Telephone (305) 632-1950 Facsimile (305) 854-9788 e mail: mtnezcid@aol.com

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SEND TO: Florida Department of State/Division of Corporations

P. O. Box 6327, Tallahassee, Florida 32314

VIA: (850) 617 6381

SENT BY: Ricardo Martinez-Cid, Esq.

DATE: January 30, 2015

#### Gentlemen:

Kindly file the following amendment to the articles of **OFICINAS** 1200, LLC, Charter #L12000052189, filed 04/12/2012 and note the new president and only manager: MAGLY CABRERA of 501 Brickell Key Drive, Suite #504, Miami, Florida 33131, email address for the corporation: mcabrera@borngroupglobal.com. Thank you for your cooperation.

Sincerely yours,

Martínez-Cid

Ricardo Martinez-Cid

RMC/ng

cc: jbello@fonglobal.com,
 sergiofrealtor@gmail.com,
 mg.belhouse@gmail.com,
 ludy.moreno@aol.com,
 ludyrealtor@notmail.com,
 mcabrera@borngroupglobal.com,
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### **COVER LETTER**

	Registration Sec Division of Corp					
elletec	OFICINA	S 1200, LLC				
SUBJECT: Name of Limited Liability Company						
The enclo	sed Articles of ,	Amondment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspon	ndence concerning this matter	to the following.			
		RICARDO MARTINI	EZ-CID			
			Name of Person			
		RICARDO MARTINI	EZ-CID PROFESSIONAL AS	SSOCIATION		
			Firm/Company	<del></del>		
		1699 Coral Way, Suite 510				
			Address			
		Miami, Florida 3314	5-2860			
			City/State and Zip Code			
		mcabrera@borngrou	pglobal.com to be used for future annual report notific			
For turthe	er information e	n-man address: () nncerning this matter, please ca	·	ation)		
	DO MARTIN	•	305 632-1950			
Name of Person			at ( )	Felephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 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, F1. 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

OFICINAS 1200, LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) inbility Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000052189	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name most be distinguishable and end with the words "Limited Liab	lity Company." the designation "L1 C" or t	he abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	······	7A 20
		S J
		ARETA AHAS
Enter new mailing address, if applicable:		30 ARY SSE
(Mailing address MAY BE A POST OFFICE BOX)		
		5 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, ent	er the name of the new
registered agent and/or the new registered office ageness here	į.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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

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 Title <u>Name</u> **Address** Type of Action MGR. MAGLY CABRERA 501 Brickell Key Drive, Suite #504 📕 Add Miami, Florida 33131 \_□ Remove PRES. MAGLY CABRERA 501 Brickell Key Drive, Suite #504 🔳 Add Miami, Florida 33131 ☐ Remove MGR. JOSE LUIS ESPERANTE 501 Brickell Key Drive, Suite #504 DbA 🗖 Miami, Florida 33131 ■ Remove \_\_\_ 🗆 Add □ Remove □ Add \_□ Remove

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MAGLY CABRERA, MANAGER/PRESIDENT	MAGLY CABRERA		

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