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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

3709 Mint Condo LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### Maritza Gonzalez

Name of Person

#### **Turner & Associates LLP**

Firm/Company

15291 NW 60th Avenue, Ste 100

Address

Miami Lakes FL 33014

City/State and Zip Code

mgonzalez@turnercpas.com

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

For further information concerning this matter, please call:

## Maritza Gonzalez

ૢ305**ͺ377-077**7

Name of Person

Area Code & 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 Corporation P.(). 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

3709 Mint Condo LLC	_	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record	s.)
(7) FORMA EMILION	Lidonity Company,	
The Articles of Organization for this Limited Liability Compa-	ny were filed on May 1, 2012	and assigned
Florida document number L12000058563		
	•	
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designal	tion "LLC" or the abbreviation
L.L.C."		7. 2
Enter new principal offices address, if applicable:		الالالا 1909 - 190
(Principal office address MUST BE A STREET ADDRESS)		20 5 T
Ernechal office duaress MOST BE A STREET ADDRESS)		SSS
		171 - C
		The Employment
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		20.2
		<u> </u>
•		
B. If amending the registered agent and/or registered		nter the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	et address
	<b>731</b> .	
	, Florid	da

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

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

MGR ≈ Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Luis C Duarte-Garcia	5543 NW 72 Avenue	Add
		Miami FL 33166	Remove
MGR	Luis C Duarte-Garcia	5543 NW 72 Avenue	
		Miami FL 33166	Remove
		77.	
		St. Chie IAR ARASS	Remove
,		EE. FLORID	Add
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Typed or printed name of signee	
	Signature of a member or authorized representative of a narte-Garcia

Filing Fee: \$25.00

SECRETARY OF STATE