

L12000059461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

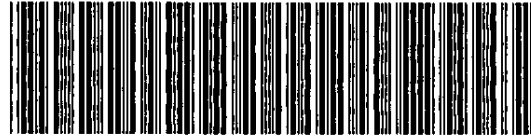
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 30 PM 12: 09

MAY 31 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1045 MERIDIAN AVENUE UNIT 4, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Yanine Guerrero

Name of Person

1045 MERIDIAN AVENUE UNIT 4, LLC

Firm/Company

3028 NW 72 AVE

Address

MIAMI, FL 33122

City/State and Zip Code

yguerrero@psa-abogados.com

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

For further information concerning this matter, please call:

Yanine Guerrero

Name of Person

at (786) 352-0030

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 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**

1045 MERIDIAN AVENUE UNIT 4, 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 Liability Company were filed on 05/02/2012 and assigned
Florida document number L12000059461.

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviations "L.L.C."

Enter new principal offices address, if applicable: 3028 NW 72 AVE
MIAMI, FL 33122
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3028 NW 72 AVE
MIAMI, FL 33122
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Yanine Guerrero
New Registered Office Address: 3028 NW 72 AVE
Enter Florida street address
MIAMI, Florida 33122
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

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

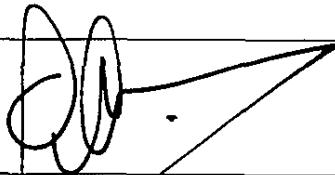
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE R. PARRA	c/o 355 ALHAMBRA CIRCLE, SUITE 801	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
MGR	JOSE R. PARRA	3028 NW 72 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33122	<input type="checkbox"/> Remove
MGR	YANINE GUERRERO	3028 NW 72 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated April 29, 2013



Signature of a member or authorized representative of a member

Jose R. Parra

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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