L12000070092

(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
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(Ви	isiness Entity Nan	ne)	
(Document Number)			
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D. BRUCE

AUG 17 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2012

YOLANDA KATON, LEGAL ASSISTANT ALEX D. SIRULNIK, P.A. 2701 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES, FL 33134

SUBJECT: ASSETS & EQUITY MANAGEMENT FUND LLC

Ref. Number: L12000070092

We have received your document for ASSETS & EQUITY MANAGEMENT FUND LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 412A00020442

COVER LETTER

Division of Corp	porations			
SUBJECT:	Assets & Equity N	Management Fund LL	.C	
		ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Yoland	da Katon, Legal Assistan	t	
	-	Name of Person		
	A	lex D. Sirulnik, P.A.		
		Firm/Company		
	0704 5	D	222	
	2701 Por	nce De Leon Blvd. Suite	202	
		Address		
	Co	oral Gables, FL 33134		4 - -
		City/State and Zip Code		ALLO P
	yka	aton@sirulniklaw.com be used for future annual report no		FILEC SECRETARY TALLAHASSET
	E-mail address: (to	be used for future annual report no	tification)	ASS TEA
For further information co	oncerning this matter, please ca	all:		AMII: 35 YOF STATE SEE, FLORID
Yol	anda Katon	at (305)	443-7211	5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 =
Name of	Person	Area Code & Dayt	ime Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified (e of Status &

MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration'Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSETS & EQUITY MANAGEMENT FUND LLC

(ARING OF THE CHIME)	A Florida Limited	Liability Company)	on our records.)		
The Articles of Organization for this Limited L. Florida document numberL1200007		were filed on	May 24, 2012	and assigned	i
This amendment is submitted to amend the fol	-		_		
A. If amouding name, enter the new name of	it the limited like	nuty company nere	!		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Lim	ited Liability Compan	y," the designation "I	LC" or the abbrev	riatio
Enter new principal offices address, if applicable:		2439 Deer Cre	ek Road		
(Principal office address MUST BE A STREET ADDRESS)		Weston, FL 33	327	,	
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE)	<u>BOX)</u>			SECRE AR TALLAHASS	12 NUG 16
B. If amending the registered agent and/or the new registered of	or registered of Mce address her	Ace address on ou e:	r records, <u>enter t</u>	he name of the	A. 1: 35
Name of New Registered Agent:	ALEX D. SI	RULNIK, ESQ.		7>	
New Registered Office Address: 2701 Ponce De Leon Blvd., Suite 202 Enter Florida street address				'ess	
	Co	oral Gables	, Florida	33134	
		Citv		Zin 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 filled 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

Title	<u>Name</u>	Address	Type of Action
MGR	Ruben Lagru	601 N. State Road 7 Plantation, FL 33317	Add Remove
MGR	Leandro Mariano Gallo	2439 Deer Creek Road Weston, FL 33327	Add Remove
MGR	Mariana Muniz Gallo	2439 Deer Greek Road Weston, FL 33327	[] Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	July 31 Standing of a me	2012	
•		Ruben Legru	
	T	yped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

FILED