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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Humber)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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2112 BEC -4 PH W 47

A. LUNT

DEC -6 2012

EXAMINER

Office Use Only

COVER LETTER

	istration Section , sion of Corporations		
SUBJECT: _	MAldoNado Property INVESTMENTS LLC Name of Limited Liability Company	, •	
	Name of Emmed Liability Company		
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.		
Please return al	all correspondence concerning this matter to the following:		
	Alexandine Maldowado Name of Person		
	Name of Person		
	Maldonado Property Westmens LLC Firm/Company		
	Firm/Compány		
	1460 S Ocean Blud vivi - 304 Address		
	Address	河流 2	
	City/State and Zip Code City/State and Zip Code	2912 BEC -4 SECRETARY	
	City/State and Zip Code		Andrew Comments
	alexandremal donadu a hot mail on	PH	
For further info	formation concerning this matter, please call:	REC -4 PH & 47	10 Marie 140
Alexa	Andre Moldonado at (954) 683.6592 Name of Person Area Code & Daytime Telephone Number		
	Name of Person Area Code & Daytime Telephone Number		
Enclosed is a cl	check for the following amount:		
\$25.00 Filir	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &	ed)

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

MAIdONAdo PA	COPERTY NUESTA Liability Company as it now app	newsr LL	<u></u>
(<u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Compan	pears on our records.) y)	
The Articles of Organization for this Limited L	iability Company were filed on _	07/24/20	12 and assigned
Florida document number <u>L/20000 9</u>	5228		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :	
The new name must be distinguishable and end win "L.L.C."	th the words "Limited Liability Con	mpany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			TO 72
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		77 7
B. If amending the registered agent and/ registered agent and/or the new registered or		on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Alexandize Mal 1460 S Ocean A Pompano Reach City	donado	
New Registered Office Address:	1460 5 OCOAN A	Blud UNIT 3	04 .
	Roman C.	Enter Piorida street d	23062
	City	, 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 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 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>	Name	Address	Type of Action
VP	Rodnigo C. MAldoundo	4241 N O CEAN Blud AS 30	Add
		Fons LAudendale, Fl 37308	Remove
		<u>. </u>	_
			Add
			Remove
		· A	Add
*****		ASSEE.	Add———————————————————————————————————
· · · · · · · · · · · · · · · · · · ·			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
•	
•	
d	11/25/29/2,
	Signature of a member or authorized representative of a member
	Colorendo Maldado
	Alexandre Maldonado Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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