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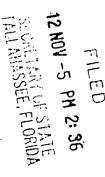
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

ARTECITY APARTAMENTOS, 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:

Adolfo Villoslada Martin

Name of Person

Artecity Apartamentos, LLC

Firm/Company

224 E. COMMERCIAL BLVD., STE. 302

Address

LAUDERDALE BY THE SEA FL 33308

City/State and Zip Code

info@hevimar.es

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

For further information concerning this matter, please call:

Adolfo Villoslada Martin

305_,945 3919

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 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

ARTECITY APARTAMENTOS, LLC

FILED

12 NOV -5 PM 2: 36

(Name of the Limited Liability Company as it now appears on our records AHASSEE, FLORIDA (A Florida Limited Liability Company) 08/14/2012 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number <u>L12000</u>104663 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	Name	Address	Type of Action
MGMR	Adolfo Villoslada Martin	224 E. COMMERCIAL BLVD., STE. 30	2 Add
		LAUDERDALE BY THE SEA FL 33308	Remove
			Add Remove
			Add
			Add Remove
			_ Add _ Remove
			_ Add _ Remove

D. If amending any other information	ation, enter change(s) here: (Attach additional sheets, if necessary.)
4- <u></u>	
Dated October 31	2012
	AM HOW
Si	gnature of a member or authorized representative of a member
	Adolfo Villoslada Martin
	Typed or printed name of signee

Page 3: of 2

Filing Fee: \$25.00

FILED
12 NOV -5 PM 2: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA