

L12000106306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

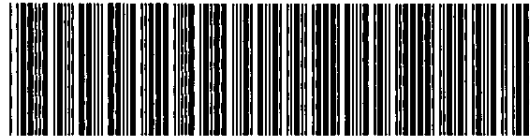
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 12 2012

EXAMINER

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

ATTORNEYS AT LAW

JOHN S. BOHATCH†
EDWARD P. GUTTENMACHER
KATALINA PEÑARANDA
ANDRES E. TEJIDOR*

7301 SOUTHWEST 57TH COURT
SUITE 560
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040
TELEFAX (305) 666-1020
E-MAIL Law@GBPTaxLaw.com

PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT
* LL.M. TAXATION

KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040
TELEPHONE (305) 294-1521
TELEFAX (305) 292-4016

PLEASE REPLY TO:
SOUTH MIAMI

September 7, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

RE: Articles of Amendment

To Whom It May Concern:

Enclosed please find for filing the Articles of Amendment for each of the following entities:

1. 365 W 10 ST, LLC;
2. 2965 NE 185 ST, LLC;
3. 2972 W 8 AVE, LLC;
4. 5040 E 4 AVE, LLC;
5. Alegria Apartments, LLC; and
6. Jackini, LLC.

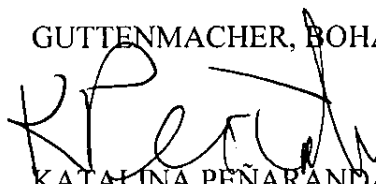
Also enclosed is our Firm's check in the amount of \$150.00 representing the total filing fees of the above entities (\$25.00 each).

Please file these Amendments and return a date stamped copy of each Amendment to our office in the self-addressed stamped envelope provided herein.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.


KATALINA PEÑARANDA, ESQ.

KP/lmf
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 365 W 10 ST, 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:

JOHN S. BOHATCH

Name of Person

GUTTENMACHER, BOHATCH & PENARANDA, P.A.

Firm/Company

7301 SW 57TH COURT, SUITE 760

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN S. BOHATCH

Name of Person

at (305)

666-1040

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
12 SEP 11 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

365 W 10 ST, 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 AUGUST 17, 2012 and assigned Florida document number L12000106306.

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 abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5979 NW 151 ST, SUITE 232

MIAMI LAKES, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5979 NW 151 ST, SUITE 232

MIAMI LAKES, FL 33014

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:

JOAQUIN A. CESPEDES, JR.

New Registered Office Address:

5979 NW 151 ST, SUITE 232

Enter Florida street address

MIAMI LAKES

Florida

33014

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>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 7, 2012

Signature of a member or authorized representative of a member

JOAQUIN A. CESPEDES, JR.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 11 AM 10:46

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