Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BEATRIZ M. CAPOTE, P.A.

Account Number: I19990000052 Phone

: (305)374-1555

Fax Number

: (305)374-0908

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D.T.O. PROPERTY OF WEST VERO, LLC

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C. LEWIS

OCT 1 5 2012

EXAMINER

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SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2012 OCT 12 PM II: 11

D.T.Q. PROPERTY O	F WEST VERO, LLC
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on September 27, 2012 and assigned
This amendment is submitted to amend the following:	· .
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	900 U.S. HIGHWAY 1
(Principal office address MUST BE A STREET ADDRESS)	SEBASTIAN, FL 32958
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	900 U.S. HIGHWAY 1 SEBASTIAN, FL 32958
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida _
	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

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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>	Address	Type of Action
MGR	DANNY FIGUEIREDO	700 U.S. HIGHWAY 1	Add
		SFBASTIAN, FL 32958 US	✓ Remove
MGR	DANNY FIGUEIREDO	900 U.S. HIGHWAY 1	✓ Add .
		SEBASTIAN FI 32958 US	Remove
			Add
			Remove
			Add
· · · · ·			Remove
			Add
			Remove
		•	Add
			Remove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)	
			2012 2017
			FILE SECRETARY I
			FILL OF CI
			Y OF STATE OR ATTE
Dated	October 12	2012	- Om
			 ₹
	Signature of	a member or authorized representative of a member	
		BEATRIZ M. CAPOTE, ESQ. Typed or printed name of signee	
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Filing Fee: \$25.00