

L12000138652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

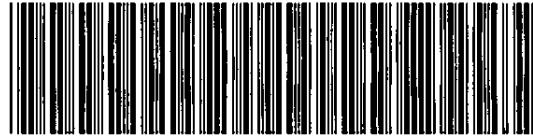
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 AUG 13 01 47
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AUG 13 2014

S. YOUNG

PARLADÉ LAW FIRM, P.A.

A PROFESSIONAL ASSOCIATION

7050 S.W. 86 AVENUE

MIAMI, FLORIDA 33143-2426

PHONE (305) 595-2300

FAX (305) 595-0408

ALBERTO J. PARLADÉ, ESQUIRE
MICHELLE PARLADÉ COREY, ESQUIRE

AJP@PARLADELAW.COM
MCP@PARLADELAW.COM

August 12, 2014

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: Filing of Name Change Amendment to Articles of Organization for:
623 MORTGAGE LOAN LLC/DOCUMENT NO.: L12000138652**

Dear Sir or Madam:

This office represents the above-referenced Company.

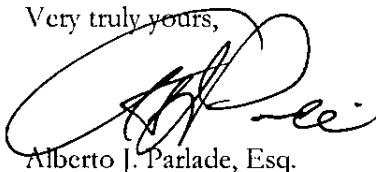
Enclosed herein please find check covering the following fees:

Filing Name Change Amendment for Articles of Organization	\$ 25.00
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TOTAL:	\$ 25.00
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Should you have any questions and/or need any additional information do not hesitate to contact our office. Otherwise thank you for your attention in this matter.

Very truly yours,



Alberto J. Parlade, Esq.

AJP/alp

Enclosure(s)

FILED
14 AUG 13 7 14 AM
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **623 MORTGAGE LOAN 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:

Alberto J. Parlade, Esq.

Name of Person

Parlade Law Firm, P.A.

Firm/Company

7050 S.W. 86th Avenue

Address

Miami, Florida 33143-2426

City/State and Zip Code

ajp@parladelaw.com

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

For further information concerning this matter, please call:

Alberto J. Parlade, Esq. at **305 595-2300**

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

FILED
14 AUG 13 21 47
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

623 MORTGAGE LOAN 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 10/31/2012 and assigned
Florida document number L12000138652.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VERO SEASIDE DEVELOPERS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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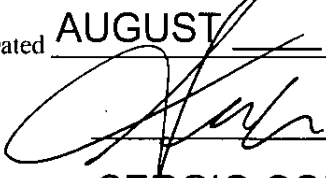
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: N/A (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST, 2014



Signature of a member or authorized representative of a member

SERGIO CONCEPCION, MANAGER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 AUG 13 09 46 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA