

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LISETTE PIE SALAZAR PA

Account Number: I20120000076 Phone : (305)361-6161

Fax Number

: (305)361-6168

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAN JOSE MARIA LLC

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Corporate Filing Menu

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B. BOSTICK

DEC 19 2012

EXAMINER

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

San Jose Maria 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:

Lisette Salazar

Name of Person

Lisette Pie Salazar PA

Firm/Company

200 Crandon Blvd. Suite 311

Addres:

Key Biscayne, Fl. 33149

City/State and Zip Code

lpsalazarlaw@aol.com

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

For further information concerning this matter, please call:

Lisette Salazar

,<sub>/</sub>305<sub>\</sub>361**-**6161

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 H12000295925 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

San Jose Maria LLC (Name of the Limited Liability Companion (A Florida Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000150758	
Plotter document number	
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:	199 Ocean Lane Drive Suite 412
(Principal office address MUST BE A STREET ADDRESS)	Key Biscayne, Fl. 33149
	20
Enter new mailing address, if applicable:	199 Ocean Lane Drive Suite 312
(Mailing address MAY BE A POST OFFICE BOX)	Key Biscayne, Fl. 33149
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	lice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	•
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as	olete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Manager

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:

MGRM = Managing Member Type of Action <u>Address</u> Title Name Rocio Dianderas 199 Ocean Lane Drive Suite 407 mgr Key Biscayne, Fl. 33149 199 Ocean Lane Drive Suite 412 🔽 Add Rocio Dianderas mgr Key Biscayne, Fl. 33149 Remove Remove

If amending any other inforn	nation, enter change(s) here: (Attach additional sheets, if necessary.)
<sub>ed</sub> Dec. 03	2012
	de la company de la mambar
	signature of a member or authorized representative of a member
Lisette Salaza	ar
	Typed or printed name of signee

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Filing Fee: \$25.00

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