

L12000155891

07/06/2016 17:29 FAX (305)448-2850
7/6/2016

Wash Axman PLC
Division of Corporations

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Florida Department of State
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Account Number : I20110000072
Phone : (305)448-2850
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COVER LETTER

TO: Registration Section
Division of Corporations

(((H16000163150 3)))

SUBJECT: Steve Halegua Properties, 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:

Michael Axman, Esq.

Name of Person

The Axman Law Firm

Firm/Company

3059 Grand Ave., Suite 330

Address

Miami, FL 33133

City/State and Zip Code

mba@naw-taxlaw.com

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

For further information concerning this matter, please call:

Michael Axman

305 448-2850

at ()

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 &
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(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
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(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

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

(((H16000163150 3)))

Steve Halegua Properties, 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 December 13, 2012 and assigned Florida document number L12000155891.

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 contain 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 _____

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Property Management of Coral Gables, Inc.	7600 Red Road, STE 124	<input checked="" type="checkbox"/> Add
		So. Miami, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Steve Halegua	7600 Red Road, STE 124	<input type="checkbox"/> Add
		So. Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Former Article V, is replaced in its entirety with new Article V, as follows:

Article V

Management

The name and address of each person authorized to manage and control the Company are as follows:

Property Management of Coral Gables, Inc., 7600 Red Road STE 124, So. Miami, FL 33143

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____

7/5/16

Signature of a member or authorized representative of a member

Steve Halegua Family Trust dtd December 13, 2012, Member. by: Marla Halegua, Trustee

Typed or printed name of signer

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TALLAHASSEE FLORIDA

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