

L1200058371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

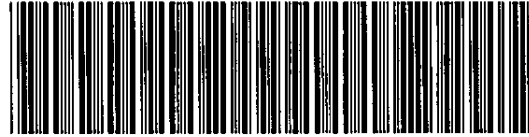
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600262381666

07/17/14--01007--013 \*\*25.00

14 JUL 17 PM 1:32

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AD SAN JUAN GROUP II, 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:

CARLOS A. MACCHI  
Name of Person

WEALTH PROJECTS  
Firm/Company

P. O. BOX 161976  
Address

MIAMI, FL 33116-1976  
City/State and Zip Code

macchiins@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS A. MACCHI at ( 305 ) 967-0471  
Name of Person Area Code Daytime Telephone Number  
(305) 252-2045 FAX

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

AD SAN JUAN GROUP II, 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 12/19/2012 and assigned Florida document number L12000158371.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

AD SAN JUAN GROUP II, LLC

**(Principal office address MUST BE A STREET ADDRESS)**

1550 SOUTH DIXIE HIGHWAY SUITE 208  
CORAL GABLES, FL 33146-3034

**Enter new mailing address, if applicable:**

AD SAN JUAN GROUP II, LLC

**(Mailing address MAY BE A POST OFFICE BOX)**

1550 S DIXIE HIGHWAY SUITE 208  
CORAL GABLES, FL 33146-3034

**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:**

HECTOR L. PLANA FERNANDEZ

**New Registered Office Address:**

1550 S. DIXIE HIGHWAY SUITE 208

Enter Florida street address

CORAL GABLES

33146-3034

City

, Florida

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>
MGRM	PLANA FERNANDEZ, ROMINA V.	1550 S. Dixie Hwy # 208	<input checked="" type="checkbox"/> Add
		Coral Gables, Fl 33146-3 034	<input type="checkbox"/> Remove
MGRM	PLANA ZARAGOZI, MARCO M.	1550 S. Dixie Hwy # 208	<input checked="" type="checkbox"/> Add
		Coral Gables, Fl 33146-3 034	<input type="checkbox"/> Remove
MGRM	PLANA ZARAGOZI, HECTOR M.	1550 S Dixie Hwy # 208	<input checked="" type="checkbox"/> Add
		Coral Gables, Fl 33046-3 034	<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.)*

---

---

---

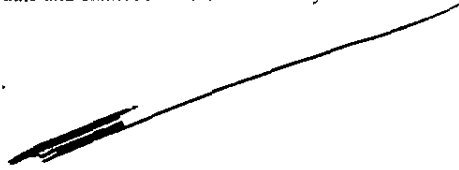
---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 06/26/2014 , \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**HECTOR L. PLANA FERNANDEZ**

\_\_\_\_\_  
Typed or printed name of signee

16 JUL 17 PM 1:32