

L13000002594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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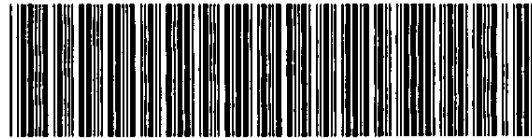
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06/04/13--01006--013 **25.00

FILED
13 JUN -4 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CLARO REAL ESTATE SERVICES 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:

SCOTT W. BARGER

Name of Person

PHOENIX PARTNERS CONSULTING LLC

Firm/Company

4000 COLLINS AVENUE, SUITE 223

Address

MIAMI, FLORIDA 33140

City/State and Zip Code

swbarger@phoenixmia.com

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

For further information concerning this matter, please call:

SCOTT W. BARGER

Name of Person

at **786 508-7012**

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
13 JUN -4 AM 8:04
TALLAHASSEE, FLORIDA

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

CLARO REAL ESTATE SERVICES 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 01/07/2013

Florida document number L13000002594

FILED
13 JUN -4 AM 8 04
TALLAHASSEE, FLORIDA

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:

(Principal office address MUST BE A STREET ADDRESS)

4000 COLLINS AVENUE

SUITE 223

MIAMI BEACH, FLORIDA 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4000 COLLINS AVENUE

SUITE 223

MIAMI BEACH, FLORIDA 33140

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:

SCOTT W. BARGER

New Registered Office Address:

4000 COLLINS AVENUE, SUITE 223

Enter Florida street address

MIAMI BEACH

City

, Florida 33140

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-----------------------|--|
| MGRM | SCOTT W. BARGER | 4000 COLLINS AVENUE | <input checked="" type="checkbox"/> Add |
| | | SUITE 223 | <input type="checkbox"/> Remove |
| | | MIAMI BEACH, FL 33140 | |
| MGRM | MAGALIS G. BARGER | 1750 NW 107TH AVENUE | <input type="checkbox"/> Add |
| | | SUITE P-308 | <input checked="" type="checkbox"/> Remove |
| | | DORAL, FL 33172 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NONE

Dated MAY 10, 2013

Signature of a member or authorized representative of a member

SCOTT W. BARGER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00