L13000013157

(Requestor's Name)			
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SECRETARY OF STATE
FALLAHASSEF ELOBIN

COVER LETTER

TO:

Registration Section **Division of Corporations**

O & V REAL ESTATE, 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:

NELSON TARACIDO, ESQ.

Name of Person

NELSON TARACIDO, PA

Firm/Company

8700 W. FLAGLER STREET, SUITE 170

Address

MIAMI, FL 33174

City/State and Zip Code

NELSON@PNLAWPA.COM

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

For further information concerning this matter, please call:

NELSON TARACIDO

at (786)888-1599

Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 FEB ILL PH 3:50

O & V REAL ESTATE, 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 Liabili	ty Company were filed on JANU	ARY 25, 2013 and assigned
Florida document number L13000013157	·	
-		
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET AL	ODRESS)	
		Martin (MARA) (All All All All All All All All All Al
Enter new mailing address, if applicable:	***************************************	
(Mailing address MAY BE A POST OFFICE BOX		
•		
B. If amending the registered agent and/or re		records, enter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter 1	Torida street address
	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 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

Title	<u>Name</u>	Address	Type of Action
MGRM	JOSE ALBERTO LOPEZ NAVA	19400 TURNBERRY WAY	Y Add
		APT 831	Remove
		AVENTURA, FL 33180	
MGR	JESUS ALBERTO LOPEZ NAVA	19400 TURNBERRY WAY	✓ Add
		APT 831	Remove
		AVENTURA, FL 33180	· ·
			Add
			Remove
			Add
			Remove
			Kemove
		**************************************	Add
(2			
			Remove
			Add
			Remove

D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
40000	
=====	
ated FEBF	RUARY 12 2013
	The time to the same of the sa
	Signature of a member or authorized representative of a member
N	ELSON TARACIDO
	Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00