

**L130000023213**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H14000133392 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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14 JUN 10 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RED BERRY ESTATES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

75663

CORRECTION Re-submitting 6-10-14

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Corporate Filing Menu

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⑤

## COVER LETTER

#14000133392

TO: Registration Section  
Division of Corporations

SUBJECT: Red Berry Estates 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:

Alfred D. Xiques

Name of Person

Garcia & Xiques PA

Firm/Company

2950 SW 27 Ave, Suite 300

Address

Miami, FL 33133

City/State and Zip Code

axiques@rptgfla.com

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

For further information concerning this matter, please call:

Alfred Xiques

Name of Person

at 305 358-4800

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

#14000133392

06/10/2014 10:54

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CORPUSA

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850-617-8381

6/10/2014 7:30:36 AM PAGE 1/001 Fax Server



June 10, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RED BERRY ESTATES LLC  
2950 S.W. 27TH AVENUE, STE. 300  
MIAMI, FL 33133

SUBJECT: RED BERRY ESTATES LLC  
REF: L13000023213

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

FAX Aud. #: H14000133392  
Letter Number: 614A00012427

RECEIVED  
14 JUN 10 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Red Berry Estates 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 02/13/2013 and assigned  
Florida document number L13000023213

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 "LLC."

Enter new principal offices address, if applicable:

12232 SW 75 Terrace

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

Miami, Florida 33183

Enter new mailing address, if applicable:

12232 SW 75 Terrace

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

Miami, Florida 33183

**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

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**

FILED  
 2014 JUN 10 AM 9:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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>
MGR	Rolando Delgado	2950 SW 27 Ave, Suite 300 Miami, Florida 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Albert Maury	11501 SW 40th Street Miami, Florida 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Hector Castellon	9880 SW 68th St 33173	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Carlos G. Fernandez	12232 SW 75 Terrace Miami, Florida 33183	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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CORPORATION DIVISION

#14000133392

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

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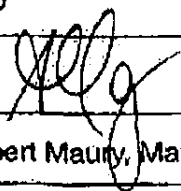
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 June 5 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Albert Maury, Manager I Rolando Delgado, Manager  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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