13000160783





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B. BOSTICK
NOV 2 6 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SHDIECT

8851 Harding 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:

Madeleine D. Longaray

Name of Person

LONGARAY & ASSOCIATES, INC.

Firm/Company

8360 West Flagler St #203

Address

Miami, FL 33144

City/State and Zip Code

madeleine@longaray.com

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

For further information concerning this matter, please call:

Madeleine D. Longaray

___305**553-980**1

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 &
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

8851 Harding LLC					
(<u>Name of the Limited</u> (A	<mark>l Liability Cor</mark> A Florida Limit	npany as it now appears o ed Liability Company)	n our records.)		
The Articles of Organization for this Limited L	iability Comp.	any were filed on 11/15	5/13	_ and assign	ned
Florida document number <u>L13000160783</u>	·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited	liability company here:			
N/A					
The new name must be distinguishable and end w"L.L.C."	ith the words "l	Limited Liability Company.	" the designation "LLC	or the abb	reviation
Enter new principal offices address, if applie	cable:	N/A	TÀ	78	
(Principal office address MUST BE A STREET ADDRESS		<u> </u>		24 24 24	1 '
			ا مد: ح ا بره	<u> </u>	
			्त राम राम		100
Enter new mailing address, if applicable:		N/A	·	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		***	· (??	
				<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the	name of	the new
Name of New Registered Agent:	IN/A				
New Registered Office Address:	N/A				
		Enter	Florida street addres	S	
			, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Guillermo San Martin	1305 NE 135 St	Add
		North Miami, FL 331	61 Remove
		·	
			Add
			Remove
			Add
			Remove
			2013 NUY 22
			Add-
			T. ORBI
			Add
			Remove
	 		Add
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	N/A
-	
-	
-	
-	
Dated	·
	Signate of a member or authorized representative of a member
	Claudio G. Baltuliones
	Typed or printed name of signee

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Filing Fee: \$25.00

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