## L14 0000 26293

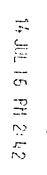
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

FL & BOG REAL ESTATE PROPERTIES 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:

James Marx, Esq.
Name of Person
Marx & Frankel PA
Firm/Company
1 SE 3rd Avenue, Suite 2900
Address
Miami, FL 33131
City/State and Zip Code
James@MarxFrankel.com
E-mail address: (to be used for future annual report notification)
eerning this matter, please call:
005 577 0070

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

For further information cor

Melissa Tukh	$_{\rm at}$ 305, 5	577-0276	
Name of Person	Area Code	Daytime Telephone Number	_
Enclosed is a check for the following amount:			

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FL & BOG REAL ESTATE PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	2/14/20104		, ,	
The Articles of Organization for this Limited Liabit Florida document number L14000026293	Tity Company were filed on 27 1720 to 1	and	l assig	nea
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the a	abbreviati	on "L.I	C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				<del></del>
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter e address here:	the na	me o	f the new
Name of New Registered Agent:		ng.		
				7
New Registered Office Address:	Enter Florida street address	_ <u>·</u>	7==	
	., Florida, Florida, Elistered Agent:		on	π <del>κυν.</del> 4 χ. π. 1
	City	Zip (	ode:	7*
New Registered Agent's Signature, if changing Reg	gistered Agent:	11.5	$\sim$	Sec. 4
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further ag and complete performance of my duties, and I am ered agent as provided for in Chapter 605, F.S. Or gistered office address, I hereby confirm that the li ange.	familia ; if this	r with docun	and nent is
	If Changing Registered Agent, Signature of New R	egistered	Agent	

Page 1 of 3

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 Type of Action <u>Address</u> **Title Name** Calle 71 # 1-58 Apt. 201 DAdd LUIS F. CHACON **MGRM** Bogota, Colombia **■** Remove Calle 122 #11B 11 Apt. 506 ANDRES VILLEGAS **MGRM** Bogota, Colombia ■ Remove □ Add \_□ Remove Remove

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effective date must be specific, cannot be prior to da	ate of receipt or filed	date and canno	(option to be more than 90 days af	
effective date must be specific, cannot be prior to da date this document is filed by the Florida Departmen	ate of receipt or filed int of State)	date and canno		
effective date must be specific, cannot be prior to de date this document is filed by the Florida Department in the filed by the Florida Department is filed by the Florida Department in the filed by the Florida Department is f	ate of receipt or filed int of State)	date and canno		
	ate of receipt or filed int of State)	date and canno	t be more than 90 days af	

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Filing Fee: \$25.00

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