

L140000 75727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

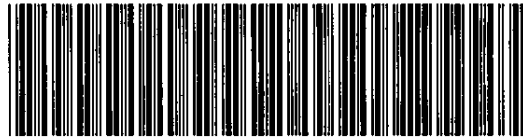
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5901 MIAMI GARDENS, 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:

Jose M PADRON

Name of Person

5901 MIAMI GARDENS, LLC

Firm/Company

1960 N. Commerce Pkwy Suite 7

Address

Weston, FL 33326

City/State and Zip Code

joems@msn.com

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

For further information concerning this matter, please call:

Jose M PADRON

Name of Person

at ( 954 )

Area Code

703-2021

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**

5901 MIAMI GARDENS, 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 05/19/2014 and assigned  
Florida document number L14000075727

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

INMUEBLES FORTUNA, LLC

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)

1960 N Commerce Pkwy  
Suite 7  
Weston, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

Florida

City

15 JAN - 2 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

AMBR JOSE G. CHACON 1960 N Commerce Pkwy ☒ Add  
Suite 7 ☐ Remove  
Weston, FL 33326

MGR RE/MAX COMMERCIAL ASSOCIATES ☐ Add  
1960 N Commerce Pkwy ☒ Remove  
Weston, FL 33326

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

<input type="checkbox"/> Add	
<input checked="" type="checkbox"/> Remove	15 JAN - 2 AM 9:00
<input checked="" type="checkbox"/> Add	SECRETARY OF STATE
<input checked="" type="checkbox"/> Remove	TALLAHASSEE, FLORIDA

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 12-28-2014, \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOSE M PADRON  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 JAN -2 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA