

**L14000102672**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000162742 3)))



H140001627423ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305) 416-6800  
Fax Number : (305) 416-6811

2014 JUL -8 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dhernandez@agilaw.com

RECEIVED

14 JUL -8 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
101 WOODCREST LANE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL - 9 2014

T CLINE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 101 Woodcrest Lane, 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:

**Diane M. Hernandez**  
Name of Person  
**Adams Gallinar, P.A.**  
Firm/Company  
**1000 Brickell Avenue, Suite 300**  
Address  
**Miami, Florida 33131**  
City/State and Zip Code  
**dhernandez@agilaw.com**  
E-mail address: (to be used for future annual report notification)

2014 JUL -8 AM 08 17  
RECEIVED  
CORPORATION  
MILWAUKEE COUNTY

For further information concerning this matter, please call:

**Diane M. Hernandez** at **(305) 416-6800**  
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

101 Woodcrest Lane, 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 June 26, 2014 and assigned Florida document number L14000102672

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:

(Principal office address MUST BE A STREET ADDRESS)

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

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

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>
<u>Mgr</u>	<u>Luis Ignacio Inciarte</u>	<u>10421 NW 28 St</u>	<input type="checkbox"/> Add
		<u>Ste D-106</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, Florida 33172</u>	
<u>Mgr</u>	<u>Luis Ignacio Inciarte Santaella</u>	<u>10421 NW 28 St</u>	<input checked="" type="checkbox"/> Add
		<u>Ste D-106</u>	<input type="checkbox"/> Remove
		<u>Miami, Florida 33172</u>	
			<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

2014 JUL -8 AM 09:17  
COURT REPORTER  
STATE OF FLORIDA

((H14000162742 3))

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

---



---



---



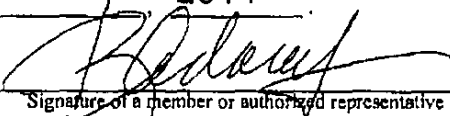
---



---

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 July 8 2014



Signature of a member or authorized representative of a member

**Robert R. Adams, Esq., Authorized Representative**

Typed or printed name of signer

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
2014 JUL -8 AM 9:17