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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	FORT LAU	DERDALE TOWNHOMES I	LC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		SANTIAGO ILLIA		
			Name of Person	
		FORT LAUDERDALE TO	OWNHOMES LLC	
			Firm/Company	
		2544 SW 14TH AVE #102	!	
			Address	-
		FORT LAUDERDALE FI	ORIDA 33315	
			City/State and Zip Code	
		SANTIREALESTATE@Y/	AHOO,COM to be used for future annual report	
.				nonneation)
For further i	ntormation co	oncerning this matter, please co	all:	
SANTIAGO) ILLIA		305 502-7888	3
	Name of	f Person		rtime Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	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)
	MAILI	ING ADDRESS:	STREET/CO	JRIER ADDRESS:

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	F/	T	D
2017			
SE CA ALLAH rds.)	TARY	PM	7: 30
rds.)	128EX	7.57.	h

FORT LAUDERDALE TOWNHOMES LLC

(Name of the Limited Liability Company as it now appears on our reco

(// -	iorida Elimited Etaolitty Company)	LONIDA
The Articles of Organization for this Limited Liabil		
Florida document number L14000112002	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain 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 A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or in registered agent and/or the new registered office	Ç.	s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	:3
	Flo	orida
_	City	oridaZip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GUILLERMO E. BLOUSSON	BUENOS AIRES, ARGENTINA	
		AUTONOMA CITY OF BUENOS AIRES	■ Remove
			Change
			□ Add
			Remove
			Change
			FILE Remove
			Remove To Change Change
			Add
			☐ Remove
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	DECEMBER 4TH, 2017
ctive date, if other than the da offective date is listed, the date must be	c specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block	t does not meet the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Depa	rtment of State's records.
record specifies a delayed el ne 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlier
ie sour day arter the record	is filed.
, DECEMBER 18TH	2017
ed	· (/)
	gnature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



December 12, 2017

FORT LAUDERDALE TOWNHOMES, LLC SANTIAGO ILLIA 2544 SW 14TH AVE. #102 FORT LAUDERDALE, FL 33315

SUBJECT: FORT LAUDERDALE TOWNHOMES, LLC

Ref. Number: L14000112002

We have received your document for FORT LAUDERDALE TOWNHOMES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 617A00025117