## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 120000000083 Phone : (305)932-6262

Fax Number : (305)933-9393

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAURELES BP, LLC

Certificate of Status	0
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B. BOSTICK

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SEP 2 2 2014

EXAMINER 9/19/2014 24.

**COVER LETTER** 

TO: Registration Section

Division of Corporations

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SUBJECT:

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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

,305,932-6262

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

LAURELES BP, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on 09/08/2014 and assigned  Florida document number L14000140158		
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "L	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		5 - 111
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	Jrd 1
		, 7td
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, o s provided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is
1f Ch	anging Registered Agent, Signatur	e of New Registered 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:

	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	S & A COMPANY MANAGEMENT LLC	2875 NE 191 STREET SUTE 80	)1 □ Add
		AVENTURA FL 33180	Remove
MGR	MARTIN ANDRES PUGLIESE	2875 NE 191 STREET SUITE 80	 1 <u>■</u> Add
		AVENTURA FL 33180	□ Remove
MGR	FLORENCIA MARIA BAQUES - LANDRY	2875 NE 191 STREET SUTE 80	 11 ■ Add
·		AVENTURA FL 33180	Remove
			 □ Add
		(- )	Remove
		; ;	Add
		r0	Remove
			_□ Remove

If amending any other information, enter change(s) here: (Attach additional s	heets, if necessary.)
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more	(optional)
the date this document is filed by the Florida Department of State)	Summer of Control
Dated SEPTEMBER 18 2014	
Mills D. L.D	
Signature of a member or authorized representative of a m	етрет
MARTIN ANDRES PUGLIESE	
Timed or mented name of signes	

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