

L14000159692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

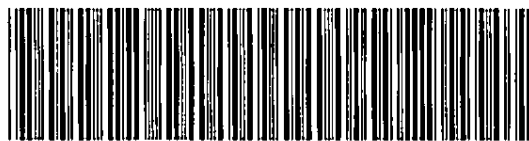
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400306994624

12/27/17--01005--018 **25.00

2017 DEC 26 PM 4:32

18 JAN 11 PM 12:54

O SIMMONS
JAN 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2017

ALEX ESPENKOTTER, ESQ
2701 PONCE DE LEON BLVD, SUITE 301
CORAL GABLES, FL 33134

SUBJECT: RALGO SHOPPING PLAZA, LLC
Ref. Number: L14000159692

We have received your document for RALGO SHOPPING PLAZA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00026297

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RALGO SHOPPING PLAZA, 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:

ALEX ESPENKOTTER, ESQ.
Name of Person
HELLER ESPENKOTTER, PLLC
Firm/Company
2701 PONCE DE LEON BOULEVARD, SUITE 301
Address
CORAL GABLES, FLORIDA 33134
City/State and Zip Code
Dan@hellerlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Espenkotter, Esq. at (305) 777-3765
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**

RALGO RESIDENCES, 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 11/08/2013 and assigned Florida document number L13000157713.

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 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 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:

AMY GONZALEZ

New Registered Office Address:

1955 NW 110 Avenue

Enter Florida street address

Miami

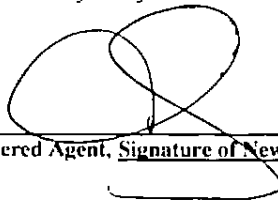
City

Florida 33172

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RAUL GONZALEZ, JR.	1955 NW 110 Avenue	<input type="checkbox"/> Add
		Miami, Florida 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUCRECIA GONZALEZ	1955 NW 110 Avenue	<input type="checkbox"/> Add
		Miami, Florida 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD GONZALEZ	1955 NW 110 Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JUN 11 10:54 AM
 PRAZ:SH

