

L15000006279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 14 2015  
J. SHUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2015

MANUEL A. PEREZ, ESQ  
HARPER MEYER PEREZ HAGAN O'CONNOR ALBERT  
201 S. BISCAYNE BLVD., STE 800  
MIAMI, FL 33131

SUBJECT: INVERSIONES SION, LLC  
Ref. Number: L15000006279

We have received your document for INVERSIONES SION, 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 registered agent must sign accepting the designation.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 315A00006453

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INVERSIONES SION, 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:

MANUEL A. PEREZ, ESQ.

Name of Person

HARPER MEYER PEREZ HAGEN O'CONNOR ALBERT & I

Firm/Company

201 S. BISCAYNE BLVD. SUITE 800

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

MPEREZ@HARPERMEYER.COM

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

For further information concerning this matter, please call:

MANUEL A. PEREZ

Name of Person

at ( 305 ) 577-3443

Area Code

Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

(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 JANUARY 12, 2015 and assigned Florida document number L15000006279.

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 "L.L.C."

Enter new principal offices address, if applicable:

C/O 201 S. BISCAYNE BLVD. SUITE 800

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

C/O 201 S. BISCAYNE BLVD. SUITE 800

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33131

**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:

LAW CENTER OF THE AMERICAS, LLC

New Registered Office Address:

201 S. BISCAYNE BLVD., SUITE 800

*Enter Florida street address*

MIAMI

*City*

Florida 33131

*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>
MGR	DAVID RODRIGUEZ	1390 BRICKELL AVENUE, SUITE 200	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Remove
MGR	Santa Magdalena Properties (BVI), Inc.	201 S. BISCAYNE BLVD., SUITE 800	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 FLORIDA

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

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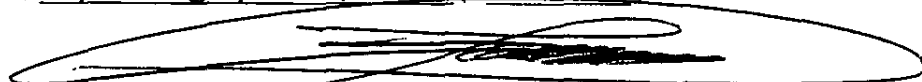
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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

March 6 2015



Signature of a member or authorized representative of a member

David Rodriguez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA