

L15000007143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

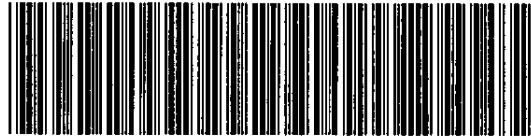
(Business Entity Name)

(Document Number)

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FILED  
2015 APR 24 PM 3 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan MAY 1 2015

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROSARIO REAL ESTATE, 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:

**SEVERINE GIANESE-PITTMAN**

\_\_\_\_\_  
Name of Person

**GIANESE-PITTMAN P.A.**

\_\_\_\_\_  
Firm/Company

**100 N BISCAYNE BLVD, SUITE 3070**

\_\_\_\_\_  
Address

**MIAMI, FL 33132**

\_\_\_\_\_  
City/State and Zip Code

**sgianese@sgpittman.com**

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

For further information concerning this matter, please call:

**Severine Gianese-Pittman**

**786 5476919**  
at ( )

\_\_\_\_\_  
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

FILED  
2015 APR 24 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ROSARIO REAL ESTATE, 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 01/13/2015 and assigned Florida document number L15000007143.

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:

100 N BISCAYNE BLVD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 500

MIAMI, FL 33132

Enter new mailing address, if applicable:

100 N BISCAYNE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 500

MIAMI, FL 33132

**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:

JADE ASSOCIATES, MIAMI INC

New Registered Office Address:

100 N BISCAYNE BLVD, # 500

*Enter Florida street address*

MIAMI

*City*

Florida

33132

*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

YBL

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	MYERS, TROY H, JR	2033 MAIN ST STE 600	<input type="checkbox"/> Add
		SARASOTA, FL 34237	<input checked="" type="checkbox"/> Remove
MGR	YVES BORIS LEVERVE	100 N BISCAYNE BLVD,	<input checked="" type="checkbox"/> Add
		# 500, MIAMI, FL 33132	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

YBZ

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 APRIL 13, 2015

*Ysleverte*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

YVES BORIS LEVERVE

\_\_\_\_\_  
Typed or printed name of signee

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2015 APR 24 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA