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(R	equestor's Name)	
, (A	ddress)	
No.		
(A	ddress)	,
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	susiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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SECRETARY OF STATE.
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K.Saly Examiner SEP – 3 2015

COVER LETTER

Division of	Corporations
OCAL/ SUBJECT:	A FOXWOOD REAL ESTATE, LLC
	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
· ·	
	RAUL GASTESI, JR., ESQ.
	Name of Person
	GASTESI & ASSOCIATES, P.A.
	Firm/Company
	8105 NW 155 STREET
	Address
	MIAMI LAKES, FL 33016
	City/State and Zip Code
	rgastesi@gastesi.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
RAUL GASTESI, JE	
Nai	me of Person
Enclosed is a check f	for the following amount:
□ \$25.00 Filing Fee	e \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 SEP-1 PM 4: 17

OCALA FOXWOOD 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 April 24, 2015		and assigned		
Florida document number L15000072370				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	ompany," the designatio	n "LLC" or the abbrev	viation"IIC."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>			
Finter new mailing address if applicables				
• • • • • • • • • • • • • • • • • • • •				
		ress on our records	, enter the name	of the new
New Registered Office Address:		Entar Florida straai	addrass	
	e must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: diress MAY BE A POST OFFICE BOX) moding the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: ame of New Registered Agent: ew Registered Office Address: Enter Florida street address City Zip Code ered Agent's Signature, if changing Registered Agent: coept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to of all statutes relative to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability			
		 City	, Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	-		•
provisions of all statutes relative to the prope accept the obligations of my position as regis	er and complete perf tered agent as provi egistered office add	ormance of my dut ded for in Chapter	ies, and I am fam 605, F.S. Or, if t	iliar with and his document is

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>	Name	Address	Type of Action
MGR	ANGELO FLEITES	6401 CONGRESS AVENUE #100	□ Add
		BOCA RATON, FL 33487	■ Remove
			☐ Change
MGR	ANGELO IZQUIERDO	6401 CONGRESS AVENUE, #100	■ Add
		BOCA RATON, FL 33487	☐ Remove
			Change
MGR	MICHEL MATHE	6401 CONGRESS AVENUE #100	
		BOCA RATON, FL 33487	□ Remove
			□ Change
	.		
			SECURETION OF Add L
		_	95 :
			E Remove
			□ Change
			Add
			Remove
			Change

Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
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ffective date, if other than the date of filing:		-
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ffective date, if other than the date of filing:		•
ffective date, if other than the date of filing:	SE G	03 F.
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste occument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	TO THE	ج. س
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00