



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000153357 3)))



H170001533573ABC%

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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JUN - 7 AM 6:59
TALLAHASSEE, FLORIDA

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AREA REAL ESTATE FUND LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

D. SCOTT

JUN 8 2017

COVER LETTER

H 17000153357

TO: Registration Section
Division of Corporations

SUBJECT: AREA REAL ESTATE FUND 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:

BRETT BERNSTEIN

Name of Person

GEORGE D PERLMAN PA

Firm/Company

1441 BRICKELL AVE STE 1400

Address

MIAMI, FL 33131

City/State and Zip Code

DENA@GPLAWINTL.COM

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

For further information concerning this matter, please call:

BRETT BERNSTEIN

at 305 374-5646

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/COURT ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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JUN - 7 AM 6:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AREA REAL ESTATE FUND LLC

06/07/2017 16:40 3056339696

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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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OF NEW YORK

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

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ST. LOUIS, MO.
U.S. DEPT. OF JUSTICE
FBI
want to 605.0207 (3)(b)
not be listed as the

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 7, 2017.

→ Dona Cedati
Signature of a member or authorized representative of a member

DENA CEDRATI
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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