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.

(((H16000252498 3)))



H160002524983ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

Email Address: \_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTORINI REAL ESTATE LLC

Certificate of Status Certified Copy Û Page Count 04 Estimated Charge \$25.00

116934

Electronic Filing Menu

Corporate Filing Menu

OCT 1 3 2016 Y SULKER

https://efile.sumbiz.org/scripts/ofileovr.exe

302233628

10/15/5016 15:59



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

4160000253498

	City	Pioride			
	Enter Florida street address Florida				
New Registered Office Address:					
Name of New Registered Agent:					
		550			
B. If amending the registered agent and/or registered agent and/or the new registered office					
IMARKAD BUBBAS MAI BBA FONI OFFICE BO		<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO					
The house was the same and a marks - b. I as	·	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
(Principal affice address MUST BE A STREET	ADDRESS)				
Enter new principal offices address, if applicab	<del>-</del>	·			
The new name must be distinguishable and contain the word	ds "Limited Likelity Company," the designation	on "LLC" or the abbreviation "LLC."			
A. If amending name, enter the new name of the	he limited liability company here:				
This amendment is submitted to amend the follow	defice address MUST BE A STREET ADDRESS)				
prida document number L16000129946					
The Articles of Organization for this Limited Liab	ulity Company were filed on 07/08/201	6 and assigned			
Name of the Limited	Cability Commany as it now appears on our Florida Limited Liability Company)	Lecoker)			
SANTORINI REAL ESTATE LLC					

New Revisioned Agent's Signature, if changing Revisioned 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, Shrusture of New Registered Agent

Page 1 of 3

10/15/5016 15:59 30563666

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action Address Title Name ALFONSO LIZARAZ 11820.MIRAMAR PKWAY # 312 MGR \_□ Add MIRAMAR, FL 33025 Remove 🖸 Change 11820 MIRAMAR PKWAY # 312 ALONSO RAFAEL LIZARAZ MGR ■ Add MIRAMAR, FL 33025 \_□ Remove ☐ Change ☐ Ramove ☐ Change □ Add □ Remove ☐ Change □ Add \_□ Remove □ Change □ Add Remove

Page 2 of 3

\_□ Change

MGR = Manager

			<del>~~</del>	•
				,
				•
	<u></u>			•
				•
				-
				•
	<del></del>			•
				•
			<del></del>	•
				•
				•
			in the second se	5
				00.7
				112
			* 24	AN
ffective date, if other than the dat an effective date is listed, the date must be	e of filing:	(op	tional	
gte: If the date inserted in this block ocument's effective date on the Department's effective date after the record	does not meet the applicable a tment of State's records. fective date, but not an	tamtery filing requirements, t	his date will not be list	ed as the
OCTORER 12	2016			
$\rho + \Lambda \rho$	araz	representative of a member		
Kofall Kik	refine of a memorial of engineers of			
RAFAEL LIZARAZ	ering of a composit or emborities			•

Filing Fee: \$25.00

INTINITE DISECTOR IN INF