

L1700041417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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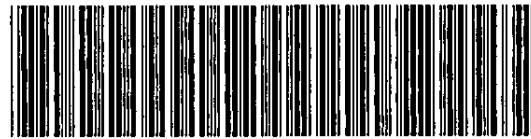
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAR 8 2017

SACHER, MARTINI & SACHER, P.A.

ATTORNEYS AT LAW

2655 LeJeune Road, Suite 1101, Coral Gables, Florida 33134

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Charles P. Sacher  
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March 6, 2017

Via Federal Express Tracking # 8111 7800 8581

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Leyva International Realty, LLC  
Our File No. 4372-56

Dear Sir/Madam:

On behalf of the above-referenced limited liability company, I enclose herewith an original and one (1) copy of the fully executed Articles of Amendment to Articles of Organization, together with our firm check in the amount of \$55.00.

Please have this original copy of the Articles of Amendment to Articles of Organization filed among the corporate records of the State of Florida. Please return a certified copy to the undersigned.

The check enclosed herein is in payment of the following fees or charges:

Filing Fee	\$25.00
Certified Copy Fee	<u>30.00</u>
TOTAL	\$55.00

Thank you for your attention to this matter.

Sincerely,



Charles S. Sacher

CSS:mrs

Enclosures

cc: Mr. Aurelio Leyva, Jr. (via email)

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TALLAHASSEE, FLORIDA  
STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LEYVA INTERNATIONAL REALTY, 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 02/22/2017 and assigned  
Florida document number L17000041417.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

95 MERRICK WAY 3RD FLOOR

CORAL GABLES, FL. 33134

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

95 MERRICK WAY 3RD FLOOR

CORAL GABLES, FL. 33134

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEYVA, AURELIO, JR.	6950 N.W. 77 CT.	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEYVA, LILIANNE	95 MERRICK WAY	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL, 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	D'OTTONE, LUCA	95 MERRICK WAY	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL, 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

**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.

Dated 4 March 6, 2017

Signature of a member or authorized representative of a member

Aurelio Leyva Jr.

Typed or printed name of signee