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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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EXAMINER

COVER LETTER

| TO: Registration Division of C | | | |
|--------------------------------|---|--|---------------|
| SUBJECT: | PUERTO | DEL MAR, LLC | |
| | Name of Lim | ited Liability Company | • |
| | of Amendment and fee(s) are su | - | |
| | | Jorge E. Otero, Esq. | |
| | | Name of Person | |
| , | · O1 | tero & Associates, P.A. | |
| | | Firm/Company | N 3 |
| 75 Valencia Ave., Second Floor | | alencia Ave., Second Floor | 29 FZ JELL 17 |
| | | Address | |
| | Cor | al Gables, Florida 33134 | TO THE |
| | City/State and Zip Code | | |
| | E mail address: | jeo@oterolaw.com to be used for future annual report notification) | ئ ٿ |
| For further information | concerning this matter, please | ** | ® , |
| | | | • |
| | e E. Otero, Esq. | at (305) 567-9000 Area Code & Daytime Telephone Number | |
| | • | | |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Piling Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) | osed) |
| | LING ADDRESS: tration Section | STREET/COURIER ADDRESS: Registration Section | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PUERTO DEL | | | |
|--|-------------------|---------------------------------------|--------------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appe | ears on our records.) | |
| | | , | |
| The Articles of Organization for this Limited Liability Company | were filed on | August 01, 2008 | and assigned |
| Florida document number L08000073953 | | | |
| | •• | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company h | ere: | |
| | | | , |
| The new name must be distinguishable and end with the words "Limit | ed Liability Com | pany," the designation "L | Le or the abbreviation |
| "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> | 照型 ω. |
| | | | \$ 31 |
| | | · · · · · · · · · · · · · · · · · · · | |
| Enter new mailing address, if applicable: | | | |
| • | | | *T1+ |
| (Mailing address MAY BE A POST OFFICE BOX) | - | | |
| | | | |
| B. If amending the registered agent and/or registered offi | | Arry Managed anton th | ha mama a <i>d</i> 'Atao |
| registered agent and/or the new registered office address here | | our records, enter a | ie name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| Table of Nor Fogistelog Figure. | <u>.</u> | | |
| New Registered Office Address: | | | |
| | E | nter Florida street addi | ess. |
| | | , Florida | |
| | Citv | | 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| HLV1 - N | fanaging Member | | |
|----------|-------------------------------------|--|--------------|
| | Name | Address | Type of Acti |
| RM . | MG 50, Inc. | 255 Aragon Ave. Coral Gables, Florids 33134 | Add |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | AFE |
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| | · · | | Add |
| | | | Rambya |
| | | | Add |
| ammd | ing any other information, enter ch | inge(s) here: (Attach additional sheets, if necess | יייייייי) |
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| | | | • |
| | July 9 | 2012 | |
| | X / / / | | · |
| ; | mem \$ 10 enthanged | ber or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00