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D. SCOTT SEP 2 8 2016

## **COVER LETTER**

empreer.	218 AVE INVESTMENTS,	LLC.		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	IGNACIO HERNANDEZ			
	<del></del>	Name of Person		
	218 AVE INVESTMENT	S, LLC.		
		Finn/Company	<u> </u>	
	561 NE 79 ST SUITE# 42	0		
		Address		
	MIAMI, FL 33183			
	ACCOUNTING@SOLIDE	City/State and Zip Code		
		to be used for future annual report notific	ation)	70 <del>-</del>
For further information c	oncerning this matter, please c	all:		ALLES S S
IGNACIO HERNANDE	EZ.	305 754-7366 at ()		FILE PROPERTY OF THE PROPERTY
Name o	of Person	Area Code Daytime 1	Felephone Number	FILED P 26 PM PARY OF S PASSIE, FL
Enclosed is a check for t	he following amount:			TOND 1. 4: 0
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee,

Registration Section Division of Corporations

TO:

MAILING ADDRESS: 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

218 AVE INVESTMENTS, LLC.		
( <u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/18/2012	and assigned
·Florida document number L12000008070	<del></del> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
218TH MANAGEMENT LLC.		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		至名
		T.CR S
B. If amending the registered agent and/or reg	gistered office address on our records, enter	the hapte of the nev
registered agent and/or the new registered office ad	<u>ldress here</u> :	经银行
•		
Name of New Registered Agent:		PS 교 D
N. D. C. LOGG ALL		00 th 00 th
New Registered Office Address:	Enter Florida street address	<del></del> _
		Zip Code
Nam Dagistared Ament's Signature if abanding Dagistar	•	24, 0040

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action \_□ Add \_□ Remove \_ Change \_□ Add \_□ Remove \_□ Change \_□ Add \_□ Remove Add Sec 26 26 ARY Change STAdd S ☐ Remove □ Change □ Add \_□ Remove ☐ Change

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.,	•	
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ffort	ve date, if other than the date of filing: (optional)		2
fan eff <u>Yote:</u>	(optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date went's effective date on the Department of State's records.	Pursuant to 605.020 ill not be listed a	07 15
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the earlier o	of
N. 4 . 1	09/23/2016		
Dated			
	Signature of a member or authorized representative of a member		
	IGNACIO HERNANDEZ		

Page 3 of 3

Filing Fee: \$25.00