Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: I20000000205

: (305)416-6800

Fax Number

: (305)416-6811

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 RESIG 8045 N.E 1 AVENUE PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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ADAMS GALLINAR PA

PAGE 02/05 (((H15000123783 3)))

COVER LETTER

TO:				
GUD ID		e i avenue properties llo	C	
SUBJEC	CI;	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Name of Person Area Code Daytime Telephone Number heck for the following amount:		
			Name of Person	
		Adams Gallinar, P.A.		
			Firm/Company	
	,	1000 Brickell Avenue, Sui	ite 300	
			Address	
		Miami, Florida 33131		,
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information	n concerning this matter, please or	all:	
Diane M	A. Hernandez			
	Name	c of Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for	r the following amount:		
\$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8	1045 N.E I AVENU	E PROPERTIES LLC	
(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it now appears on our recor Liability Company)	105.)
The Articles of Organization for this Limited I	Liability Company	were filed on 10/16/2012	and assigned
Florida document number L12000131926			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2700 N. Miami Avenue	
(Principal office address MUST BE A STRE		Suite 401	港位
		Miami, Florida 33127	
Enter new mailing address, if applicable:		2700 N. Miami Avenue	17.22 17.33
(Mailing address MAY BE A POST OFFICE	E BOX)	Suite 401	THE REPORT
		Miami, Florida 33127	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the new
Name of New Registered Agent:	AGI Registeres	d Agents, Inc.	
New Registered Office Address:	1000 Brickell	Avenue, Suite 300	
		Enter Florida street addre	155
	Miami	, F	Torida 33131
		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

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05/21/2015 17:27 3054166811

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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>	Name	Address	Type of Action
MGR	Eduardo Pelaez Romer	2700 N. Miami Avenue	□ Add
		Suite 401	□ Remove
		Miami, Florida 33127	☐ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			D Add
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			☐ Change
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			Remove
			Change

f amending any other information, enter change(s) here: (Attach additi	ional sheets, if necessary.)	
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frective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or make if the date in seated in this block does not most the anglish does not most the anglish does not make the anglish does not m	(optional)	
lote: If the date inserted in this block does not meet the applicable statutory filin ocument's effective date on the Department of State's records.	ince than 90 days after fring.) guistian to 663	.u2u7 (3 ed as th
e record specifies a delayed effective date, but not an effective t The 90th day after the record is filed:	time, at 12:01 a.m. on the earlie	er of:
ated May 21 2015		
2 ad and		•
Signature of a member or authorized representative	of a member	
Robert R. Adams, Esq., Authorized Representative		
Robert R. Adams: Fed. Authorized Depresentative		

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Filing Fee: \$25.00