

L13000014998
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000048296 3)))



H190000482963A9C6

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 : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (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:

Jose @ agi-ra.com

FILED
19 FEB 12 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
900 BISCAYNE UNIT 3607, LLC

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

2019 FEB 12 AM 11:37

Electronic Filing Menu

Corporate Filing Menu

Help

02/12/2019 11:10
850-617-6381

3054166811

2/12/2019 9:14:38 AM PAGE 1/001

ADAMS GALLINAR PA

Fax Server

PAGE 02/05

((H19000048296 3)))



February 12, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

900 BISCAYNE UNIT 3607, LLC
1000 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

SUBJECT: 900 BISCAYNE UNIT 3607, LLC
REF: L13000014998

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the spelling of the name you wish to change to. It appears you have Init instead of Unit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H19000048296
Letter Number: 319A00002973

P.O. BOX 6327 - Tallahassee, Florida 32314

((H19000048296 3)))

COVER LETTER

(((H19000048296 3)))

**TO: Registration Section
Division of Corporations****SUBJECT:** 900 Biscayne Unit, 3607, LLC_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose M. de la O

Name of Person

AGI Registered Agents, Inc.

Firm/Company

1000 Brickell Ave., Suite 300

Address

Miami, FL 33131

City/State and Zip Code

jose@agi-ra.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose M. de la O

305 416-6800

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
Certificate of Status☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**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

(((H19000048296 3)))

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

(((H19000048296 3)))

900 Biscayne Unit 3607, 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 01/29/2013 and assigned Florida document number 1.13000014998.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PTH 900 Biscayne Unit 6103, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
FEB 12 AM 11:37
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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

City

Florida

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

(((H19000048296 3)))

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

(((H19000048296 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

FILED
19 FEB 42 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H19000048296 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(((H19000048296 3)))

FILED
19 FEB 12 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

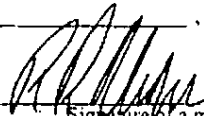
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 11, 2019



Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

(((H19000048296 3)))