

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L14000160311

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.

((H21000275961 3)))



H210002759613ABC0

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALDRES MIRAMAR, LLC

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

RECEIVED
2021 JUL 19 08 45 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUL 19 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Electronic Filing Menu Corporate Filing Menu Help

BB
7/20/21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H21000275961 3)))

ALDRES MIRAMAR, 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 October 9, 2014 and assigned Florida document number L14000160311.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED 2021 JUL 19 PM 1:42

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000275961 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Veracoechea Cardoza, Adriana E	3340 NE 190 Street	<input type="checkbox"/> Add
		Apt. 1202	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	Veracoechea Cardoza, Adriana E	3340 NE 190 Street	<input checked="" type="checkbox"/> Add
		Apt. 1202	<input type="checkbox"/> Remove
		Aventura, FL 33180	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H21000275961 3)))

(((H21000275961 3)))

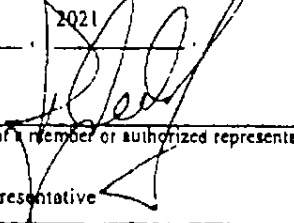
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
 2021 JUL 19 PM 1:42
 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 July 19, 2021 _____



Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

(((H21000275961 3)))