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Division of Corporations

Floraida Department of State
Division of Comporations
Elsepoble Fling Gester Sheet

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To:

Division of Corporations

Fax Number

: (850)617-63A3

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Add	Arega,		

816 SEP 29 PM 5:05

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLUB MARINER APARTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25,00

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Commany (A Florida Limited Lia	as It now appears on our bility Company)	Latiologa")
The Articles of Organization for this Limited Liability Company w Florida document number L14000167824	rere filed on 10/28/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<b>6</b>
Enter new mailing address, if applicable;	<u> </u>	- <b>[77]</b> - C (2)
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our r	
registered agent and/or the new registered office address here:		23
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	1 address
	Ctty	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cay	2 p 2 5 a c
I hereby accept the appointment as registered agent and agree		h. I forther armed to amounts with the
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a	performance of my du vovided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If smending 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

Title	Name	Address	Type of Action
MGR	CLUB MARINER APARTMENTS MANAGER, LLC	315 S. BISCAYNE BLVD.	Add
		MIAMI, FL 33131	Remove
			☐ Change
MGR	RUDG MANAGER, LLC	315 S. BISCAYNE BLVD.	
		4TH FL	☐ Remove
		MIAMI, FL 33131	☐ Change
		State of the State	D Add
			☐ Remove
			Change
		A STATE OF THE STA	□ Add
			Remove
			Change
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			□ Remove 🖔
			□ Change
			□ Remove
			☐ Change

. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the date document's:effect for the record spe	if other than the date of filing:  (optional) is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing.) Put inserted in this block does not meet the applicable statutory filing requirements, this date will stive date on the Department of State's records.  Cifies a delayed effective date, but not an effective time, at 12:01 a.m. on by after the record is filed.	i not be listed as the
Dated	9-28 2016	
-F-17-	The state of the s	9
<del></del> -	Signature of a member or authorized representative of a member	729
le	offery Hoyos, Vice President	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
<u></u> Jb	Typed or printed name of signee	
		* 25 A
	Page 3 of 3	<b>~</b> ≆

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