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MAIL
Status

Office Use Only



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WY 22 TOPE AND J. HARRIS

COVER LETTER

SUBJECT:	MIAMI BEAC	H PROPER	NES	UL
	Name of Limit	ed Liability Company		
The enclosed Articles of Art	nendment and fec(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	154	AC WAH	N	
		Name of Person		
	HARI	COT, UC Firm/Company	_	
		• •		
	14050 SW	84th street	x, 80	ute 103
		**		
	Miani	17 337 City/State and Zip Code	183	
		•		
	I Saac Nahon 4 E-mail address: (to	pamail. 1	m	
	E-mail address: (to	o be used for future annual t	report notification	on)
For further information con	cerning this matter, please ca	H:		
15 AAC	NAHON	at (<u>3/5</u>)	383.9	944
Name of P	erson	Area Code	Daytime Tel	ephone 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 encl		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO: Registration Section
Division of Corporations

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

MIAMI P	Beall Properties, UC
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on $\frac{2/25/15}{66}$ and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

If amending or removed	Authorized Person(s) authorized to man	nage, enter the title, name, and address of each	person being added
MGR= M AMBR= A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6R</u>	Haricot, LLC	14050 SW 84th street, Suite 103	Add
		MIAMI FC 33183	🗆 Remove
			Change
MGR	ISAAC NAHON	14050 SW84MST, Julte 103	Add
		Mani R 33183	Remove
			Change
MGR	Suzanne Abergel. Nahon	14050 Sed 84thst., Stute 103	<u> </u> □ Add
	•	Mani FC 33/83	Remove
			Change
-			🗆 Add
			_ □ Remove
			☐ Change
			_□ Reinovc
			_□ Change
			A &
			_□ Remove

☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessar)	,
	, 1	
-		
-		-
		
		 -
		<u> </u>

e Effective	date, if other than the date of filing:(optional)	
î an effect	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	.) Pursuant to 605.020
locumen	's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the earlier o
Dated	11/15 2016	
		ಕ
	Signature of a member or authorized representative of a member	<u> </u>
	15 AAC Nahon	12 "
	Typed or printed name of signee	3

Filing Fee: \$25.00