L150000 39881

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SECRETARY OF STATE
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J. HARRIS

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eun iez		BAYVIEWS 307, LLC				
SUBJEC	~1; <u> </u>	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-				
	,	Marci Lowman, Esq.	•• ••• ••••			
Name of Person						
		Kim & Lowman, LLP				
Firm/Company						
	•	8620 NE 2 Avenue				
Address						
		Miami, Florida 33138				
			City/State and Zip Code			
		ml@kimandlowman.com E-mail address: ()	to be used for future annual report notif	ication)		
For furth	er information c	oncerning this matter, please ca	·	,		
Marci L	owman, Esq.		305 981-4477			
Name of Person Area Code Daytime Telephone Numb						
Enclosed	l is a check for th	ne 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

MMM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAISO BAY VIEWS 307, LLC

(A Florida Limited	iny as it now appears on our reco	<u>(15.)</u>
The Articles of Organization for this Limited Liability Company Florida document numberL15000039881	were filed on 03/04/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PARAISO BAYVIEWS 405, LLC		
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 applicable:		16 FAL
(Principal office address MUST BE A STREET ADDRESS)		字篇 声 飞
		22 to 1200
	,	
Enter new mailing address, if applicable:		PH 2
(Mailing address MAY BE A POST OFFICE BOX)		- Ω - ω
(Matting dataress MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ds, enter the name of the new
New Registered Office Address:	Enter Florida street addi	ress
	,	Planida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 603	and I am familiar with and 5, F.S. Or, if this document is

mm

If Changing Registered Agent, Signature of New Registered Agent

MUN - Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			□ Remove
		- 1	Change
			□ Add
			□ Remove
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If amending any	other informat	don, enter cha	inge(s) here:	(Attach addit	ional sheets, i	t necessai	'y.)		
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Iffective date, if an effective date is	other than the listed, the date mus	date of filing:	annot be prior to	date of filing or	more than 90 day	(optional 's after filin) g.) Pursi	uant to 6	505.0207
Note: If the date i	nserted in this bloove date on the De	ock does not me	et the applicab	le statutory fili	ng requirement	ts, this dat	e will n	ot be li	sted as
e record speci The 90th day	ifies a delayed after the reco	l effective da ord is filed.	te, but not	an effective	time, at 12	:01 a.m.	. on th	ne ear	lier of
Pated Apri	128th	,	2010				₹		
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