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(Re	equestor's Name)	
(Ac	ddress)	
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· (Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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	Office Use Or	nlv



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COVER LETTER

DIV	ision of Cor	porations		
SUBJECT:		Building, LLC.		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Miguel N. Alfie		
			Name of Person	
		Bay Harbor Building, LLC	1	
			Firm/Company	
	1850 SW 8th Street, 4th Floor			
			Address	
		Miami, Florida 33135		
		of Amendment and fee(s) are submondence concerning this matter to Miguel N. Alfie Bay Harbor Building, LLC. 1850 SW 8th Street, 4th Floor Miami, Florida 33135 praxis@praxis.edu	City/State and Zip Code	-
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ca	all:	
Miguel N. A	Alfie		305 642-4104	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

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

Bay Harbor Building, LLC.			
(Name of the Lim	ited Liability Compa (A Florida Limited l	inv as it now appears on our records.) Liability Company)	
e Articles of Organization for this Limited I orida document number L15000106435	Liability Company	were filed on	and assigned
s amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited liab	ility company here:	
new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
ter new mailing address, if applicable:			
<u>ailing address MAY BE A POST OFFICE</u>	E BOX)		
IS amonding the surface of the same		ce ll	
If amending the registered agent and gistered agent and/or the new registered of			enter the name of the
		-	15 ALL:
Name of New Registered Agent:			8 6
New Registered Office Address:	1850 SW 8th S		1387 1387 1887
		Enter Florida street address	
	Miami		ida 33135 👝
		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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Flavio Alfie	2061 NE 210th Street	= Add
		Miami, Florida 33179	□ Remove
			□ Change
MGR	Dario Alfie	600 NE 36th Street	Add
		Miami, Florida 33137	Remove
			Change
			Add
			□ Remove
			Change
			Remove
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			ORIDA	—€ò
Tective date, if other than the date of filing:n effective date is listed, the date must be specific and cannot be		((
n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the ap- cument's effective date on the Department of State's reco	plicable statutory	or more than 90 days filing requirements	after filing.) Pursuan s, this date will not	t to 605.02 be listed
record specifies a delayed effective date, but The 90th day after the record is filed.	not an effecti	ve time, at 12:	01 a.m. on the	earlier
ted November 18 2015	M M			
`/	1/1/1	1		····
Signature of a member/or	uithorized represen	tauvy or a member		