L17000023737

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COVER LETTER

TO:		istration Sec ision of Corp	ction porations		
ou'n i	E 672		TON TOWERS, LLC	, · ·	
SUBJ	ECT:		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The er	nclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	,
Please	return	all correspon	ndence concerning this matter	to the following:	
			SEVERINE GIANESE-PI	TTMAN, ESQ.	
				Name of Person	
			GIANESE-PITTMAN, P.	Α.	
Firm/Company					
				Address	
			MIAMI, FL 33132		
				City/State and Zip Code	
			SGIANESE@SGPITTMAN	N.COM to be used for future annual report notif	ication)
For fu	ırther ir	oformation co	oncerning this matter, please ca	•	(Catton)
			ITTMAN, ESQ.	305 722-5986	
		Name of		at ()	Telephone Number
Enclos	sed is a	check for th	e following amount:		
		iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE
ORIDA

2407 WINSTON TOWERS, 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 Co	ompany were filed on JANUARY	and assigned
Florida document number L17000023737	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:		ecords, enter the name of the new
	Enter Florida street	address
		, Florida Zip Code
New Designation Agent's Circumstance if changing Designation	·	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my dut tent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	nature 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
AMBR	Eduardo Garcia Lopez	290 174 St, Apt#1209	■ Add
		Sunny Isles Bch, FL 33160	□ Remove
			Change
AMBR	Alicia Garcia Lopez	290 174 St, Apt#1209	
		Sunny Isles Bch, FL 33160	Remove
			Change
			Add Remove Remove
			□ Change
			☐ Remove
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Effective date, if other than the fan effective date is listed, the date is	ust be specific and cannot be prior to date of filing or i	(optional) more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory fili Department of State's records.	ng requirements, this date will not be listed as t
	•	
ne record specifies a delay The 90th day after the re	ed effective date, but not an effective ecord is filed.	time, at 12:01 a.m. on the earlier of
Dated March 7	2017	
Dated		

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Typed or printed name of signce

Filing Fee: \$25.00