

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H190001957693

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

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19 JUN 24 PM 1:53

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1111 BISCAYNE PHA PHF PHG, LLC

Certificate of Status	0
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Page Count	04
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T GLASS

JUN 25 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1111 Biscayne PHA PHF PHG 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 Company were filed on 01/28/19 and assigned Florida document number L19-030029074.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Principal Office 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

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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>	<u>Type of Action</u>
MGR	Graciela E Stezowsky	2999 NE 191 ST #403 Aventura, FL 33180	Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)

Lined area for amending information.

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E. Effective date, if other than the date of filing:

(optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Form may be filed up to 90 days after filing. Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the Government's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The 90th day after the record is filed.

Dated June 20, 2019

Signature of a Member or authorized representative of a Member

ARISTIDES DEL MARZI