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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	290 Вигта	ı, LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Alvaro Castillo B., P.A.		
			Name of Person	
		Castillo & Associates		
Firm/Company				
		1390 Brickell Avenue, Sui	te 200	
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		alvaro@alvarocastillopa.com E-mail address: (i	n to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	ıll:	يسوا در در
Alvaro Cas	stillo		305 371-5450	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed 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)
		ING ADDRESS:	STREET/COURING Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

290 BURMA, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	y were filed on May 2, 2019	and assigned
Florida document number L19000112793		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	888 Brickell Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Third Floor	
	Miami, Florida 33131	
		3
Enter new mailing address, if applicable:	888 Brickell Avenue	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Third Floor	ာ် လိ
	Miami, Florida 33131	72.
		چ م
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our record	ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	:22
		lorida
	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 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 or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

Title	<u>Name</u>	Address	Type of Actio
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet di	ic applitedate at	of filing or more t atutory filing re	(option: han 90 days after fili quirements, this da	al) ing.) Pursuant to 605. ate will not be liste
ne record specifies a delayed ef The 90th day after the record	fective date, l is filed.	but not an (effective time	e, at 12:01 a.n	n. on the earlie
Dated	201	9			
Sig	nature of a member	r or authorized r	epresentative of a	member	
Jeronimo HIrschfeld			11/30		

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Filing Fee: \$25.00