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COVER LETTER

10:	Division of				e ^u	
CUBIE	er Orn.	•	DALVERO	MIRAMAR LLC		
SUBJE	C1:		Name of Limi	ted Liability Company		
The enc	losed Articles	s of Am	endment and fee(s) are sub-	mitted for filing.		
Please re	eturn all corre	esponde	nce concerning this matter	to the following:		
				MANUEL RIVERO		
		•		Name of Person		
			M.L. R	IVERO & ASSOCIATES, LI	.C	
		•		Firm/Company		
			1313 PON	CE DE LEON BLVD. SUIT	ΓΕ 201	
		•		Address		2020 5-1-
			C	ORAL GABLES, FL 33134	;* :	
		,		City/State and Zip Code	- :	
		_		mrivero@mlrivero.com	<u> </u>	
			E-mail address: (to be used for future annual repor	t notification)	STA C
For furt	her informati	on conc	erning this matter, please ca	all:	- 1	E : 12
MANUEL RIVERO				305 443	- 8500	
	Na	me of Pe	rson	at () Area Code D	aytime Telephone Number	.
Enclose	d is a check f	for the fo	ollowing amount:			
■ \$25	.00 Filing Fe	e (□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &
	Mailing Ad		tion	Street Addre		
	Registration of Division of			Registration Division of	n Section Corporations	
	P.O. Box				of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tailahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DALVE	RO MIRAMAR, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears Limited Liability Company)	on our records.)	
(**********	, ₋		
he Articles of Organization for this Limited Liability Co	mpany were filed on	02/17/2020	and assigned
orida document numberL20000053000	•		
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ed liability company her	<u>re</u> :	
DALVE	RO BIRD Rd., LLC		
ne new name must be distinguishable and contain the words "Limit	ed Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:			
• • •	Ecc.	-	
<u> Principal office address MUST BE A STREET ADDRI</u>	<u></u>	· <u> </u>	
			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered	office address on our re	: cords, enter the nat	ne of the new registe
gent and/or the new registered office address here:			31-
		: ::	
		i.t	000
Name of New Registered Agent:		77.	محدة م
New Registered Office Address:		E.O.	=
	Enter Flori	da street address	
		, Florida	~
	City	, 1 1011444	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 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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Change
			Zo □Add
			□ Remove
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an effective d lote: If the	late is listed, the date inserted i	han the date date must be sp n this block do on the Departn	ecific and can ses not meet	the applicab				ng.) Pu		
record speci l is filed.	ifies a delayed	effective date	, but not an	effective tim	e, at 12:01 a.:	n. on the ear	ier of: (b)	The 9	0th day aft	ter the
ated	DECE	ивек 02		2020						

Filing Fee: \$25.00