Division of Corporations on of Corporations Electronic Filing Cover Sheet Page 1 of 2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VARGAS, PIEDRA & CO.

Account Number : I20070000148 Phone

: (305)671-0003

Fax Number

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 17100 NORTH BAY LLC

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OCT 01 2015

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ORTH BAY LLC	
(Name of the Limited Liability C (A Florida Lin	omosar as it now anocars on our ited Lightity Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number L15000163822	pany were filed on SEPTEMI	BER 25, 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending dame, enter the new name of the limited	liability company here:	
17100 1714 1809 NORTH BAY LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	1 19 11
Enter new mailing address, if applicable:	N/A	SSEE D
(Mailing address MAY BE A POST OFFICE BOX)		700
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our r bere:	ecords, enter the name of the ne
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florido street	address
		. Florida
	Ciry	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

Title	Name	Address	Type of Action
MGR	CUNDARI, NATALIA	16850 COLLINS AVENUE	□ Add
		STE 112-101	B Remove
		Sunny Isles Beach, FL 33160	□ Change
MGR	DEL VAL, EMILIO ERNESTO	9100 S. DADELAND BLVD	
		STE 912	□ Remove
		MIAMI, FL 33156	
			TO Add O
			PRefinove
			Orthange 9
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	Mective date on the	Department of St	ate's records.	,g	,	F1 - C - 1	⇔
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record sp The 90th o	day after the re	ecord is filed.		lulan	!		_

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