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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Fo SUBJECT:	ontaineblea	au Miami Beach Condos LLC				
, , , , , , , , , , , , , , , , , , ,		Name of Limi	ited Liability Company			
The enclosed A	articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return al	l correspoi	ndence concerning this matter	to the following:			
		Oscar Martin Mazorra				
			Name of Person	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		199 Fairmont Way				
		Address				
		Weston Fl 33326				
		omartin2227@yahoo.es	City/State and Zip Code	-		
		E-mail address: (1	to be used for future annual report notific	cation)		
or further info	rmation co	oncerning this matter, please ca	all:			
scar Martin N	Mazorra		954 740-0754 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
iclosed is a cl	heck for th	e following amount:				
\$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		

MAILING ADDRESS:

Registration Section Division of Corporations

ro:

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

CONTAINED CALLMIAMIDE ACU CONDOCITO

ON TAINED LEAU WHANT BEACH CONDOS EEC	nde)
(Name of the Limited Liability Company as it now appears on our recon (A Florida Limited Liability Company)	145.7
The Articles of Organization for this Limited Liability Company were filed on 10/06/2015	and assigned
lorida document number L15000169582	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
MARTIN BLUE 1204 LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	
Inter 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 recor	ds, enter the name of the no
egistered agent and/or the new registered office address here:	Specification and the second
	22 14
Name of New Registered Agent:	(Herring)
name of new registered recit.	
	ie -
New Registered Office Address: Enter Florida street addr	£:

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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			Remove
			Change
· ·			Add
			Remove
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<u>te:</u> If i	the date inserted in this b	lock does not m	neet the applica	o date of filing or ble statutory fil	more than 90 days a ing requirements,	ifter filing.) Pursuant to this date will not be	605,0207 listed as
ument	's effective date on the D	Department of S	tate's records.				
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	Oth day after the rec		ate, but not	. un enecuve	. cinie, at 12.0	I a.m. on the ea	inei 0
	<i>M</i> ;						
ed	//nember	16	2017	<u> </u>		2	;T.[
	Ynember	1),	arter			22	
		Signature of a r	nember or autho	rized representati	ve of a member	- : T :	. 7
	Oscar Martin Mazorra						
	Oscar marun mazona						

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee