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| TO: | Registration Sec Division of Corp | | | | | | |
|--------------|---|--|---|--|--|--|--|
| SHRTI | | S DEVELOPERS LLC | | | | | |
| SUBJE | ECT: | Name of Lim | ited Liability Company | | | | |
| The en | closed Articles of a | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please | return all correspoi | ndence concerning this matter | to the following: | | | | |
| | | ALEX D. SIRULNIK | | | | | |
| | | | Name of Person | | | | |
| | | ALEX D. SIRULNIK, P.A | | | | | |
| Firm/Company | | | | | | | |
| | 2199 PONCE DE LEON BOULEVARD, SUITE 301 | | | | | | |
| | | | Address | | | | |
| | CORAL GABLES, FL 33134 | | | | | | |
| | | | City/State and Zip Code | | | | |
| | | ADS@SIRULNIKLAW.CO | DM to be used for future annual report notif | ication) | | | |
| For fur | ther information co | oncerning this matter, please of | | real (VIII) | | | |
| | D. SIRULNIK | | 305 443-7211 | | | | |
| • | Name of | Person | at () Area Code Daytime | e Telephone Number | | | |
| Enclos | ed is a check for th | e following amount: | | | | | |
| \$2 | 5.00 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) | | | |

MAILING ADDRESS: 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
Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARABENS DEVELOPERS 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 $\frac{10/05/2016}{1}$ and assigned Florida document number L16000185438 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 comtain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10349 NW 77TH STREET Enter new principal offices address, if applicable: **DORAL, FL 33178** (Principal office address MUST BE A STREET ADDRESS) **10349 NW 77TH STREET** Enter new mailing address, if applicable: DORAL, FL 33178 (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 Florida street address

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|----------------------|---|
| AMB | JUAN PABLO COPUSHIAN | | |
| | | | ■ Remove |
| | | | □ Change |
| AMB | LUCIANO MIGUEL GESUITI | | |
| | | | ■ Remove |
| | | | ☐ Change |
| АМВ | JUAN PABLO COPUSHIAN | 10349 NW 77TH STREET | ■ Add |
| | | DORAL, FL 33178 | Remove |
| AMB | LUCIANO MIGUEL GESUITI | 10349 NW 77TH STREET | |
| • | | DORAL, FL 33178 | Remove Change Add Remove Change W 77TH STREET Add Remove Change Change W 77TH STREET Add Remove |
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| Effective date, if other than the date of filing: If the effective date is listed, the date must be specific and cannot be some. If the date inverted in this block does not meet the document's effective date on the Department of State's | its, prof to dule of liting o e applicable statutory fi | (optional) inore than 90 days after filing) ling requirements, this date of | Persuant to 605.020 vill not be listed as | 17 (3) s the |
| he record specifies a delayed effective date, The 90th day after the record is filed. | but not an effectiv | e time, at 12:01 a.m. (| in the earlier o | of: |
| Dated AUGUST 3/94 201 | y | | | |
| I com to | | | | |
| Signalare of a member | or authorized representat | ive of a member | | |
| | | | | |
| LUCIANO MIGUEL GESULLI, AUTHORI | ZEO MEMBER | | | |

Page 3 of 3

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