L12000014324

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COVER LETTER

SUBJECT:	OLARES B	EACH LLC		
3000ECT		Name of Limi	ted Liability Company	
The enclosed A	articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return a	ll correspond	dence concerning this matter t	to the following:	
		Thamara Perez		
		Tabadesa Associates	Name of Person	
		419 W 49th St, Ste. 111	Firm/Company	
		Hialcah, Fl 33012	Address	
		tammyp@tabadesa.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report no	ntification)
For further info	rmation cor	cerning this matter, please ca	ll:	
Thamara Perez	Name of Person 305 558-0622 Area Code Daytime Telephone Number			
	Name of I	Person	Area Code Dayti	me Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ng 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

TO:

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

SOLARES BEACH LLC					
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)			
he Articles of Organization for this Limited Liability Company were filed on 01/31/2012					
Florida document number L12000014324	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability com	pany here:			
he new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or the ab	1 		
Enter new principal offices address, if appli	cable:		19 HA		
Principal office address MUST BE A STRE	ET ADDRESS)				
			5 F		
Enter new mailing address, if applicable:			<u>و يو</u>		
Mailing address MAY BE A POST OFFICE	<u> </u>		က် မ		
	-				
B. If amending the registered agent and egistered agent and/or the new registered of	***	ress on our records, <u>enter</u>	the name of the		
Name of New Registered Agent:	Tabadesa Associates T	nc			
New Registered Office Address:	419 W 49th St, Ste. 111				
	£	Enter Florida street ad dress			
	Hialeah	Florida ³³⁰	012		
	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 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 Ageny. Signature of New Registered Agent

Page 1 of 3

If ameraing 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 Type of Action Title Name Address _□ Add _□ Remove _

Change _□ Add ☐ Remove ယ် D Change □ Add _□ Remove _____ Change ☐ Remove ☐ Change _□ Add ☐ Remove

☐ Change

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ctive date, if other than the date of filing:	(optional)	
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of tiling	or more than 90 days after filing.) Pu	rsuant to 605.0
E: If the date inserted in this block does not meet the applicable statutory inent's effective date on the Department of State's records.	ming requirements, this date with	not be fisted
ecord specifies a delayed effective date, but not an effecti	ve time, at 12:01 a.m. on	the earlier
ne 90th day after the record is filed.		
, April 19 2019		
ed (A)		
Haraclo Higher Signature of a member or authorized represent		
- jacket / Lywe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00