119000095352

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700328978067

U5/U7/19--U1U18--U3 →+25.UU



COVER LETTER

SUBJECT:	LINS AVENUE (#403), LLC Name of Lin	nited Liability Company	
		, , ,	ition.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	The distance of the distance o
Please return all correspo	ondence concerning this matter	to the following:	<i>.</i>
	DAYLI BETANCOURT		ناه مره الله
	<u> </u>	Name of Person	;
	JONES WALKER, LLP		
		Firm/Company	
	201 S. BISCAYNE BLVD		
		Address	
	MIAMI, FL 33131		
	DBETANCOURT@JONE		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
DAYLI BETANCOUR	Γ	305 679-5733	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 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)
MAII	INC ADDRESS.	STRFFT/COURT	FD ANNDESS.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

6917 COLLINS AVENUE (#403), 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 I	Liability Company w	ere filed on $\frac{4/5/2019}{}$	and assigned
Florida document number L19000095352	·		.•
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "L	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
-			
B. If amending the registered agent and registered agent and/or the new registered of	447	ce address on our reco	rds, enter the name of the new
registered agent and/or the new registered			
Name of New Registered Agent:	ENTITY REGIST	TERED AGENT, LLC C/O	JUAN E. SERRALLES
New Registered Office Address:			
		Enter Florida street ada	Iress
	<u></u>		Florida
		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.

W 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change

	'Y REGISTERED AGENT, LLC T	TO ENTITY REGISTERED AGENT, LLC C/O JUAN E. SERRALLES	
			-
			-
			-
	<u>, </u>		_
			_
	-		-
			_
			_
			_
			-
			_
			_
	·		_
			-
			_
effective te: If the	date inserted in this block does not	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 tracet the applicable statutory filing requirements, this date will not be list)5.0207 sted as
ument's	effective date on the Department of	l'State's records.	
	specifies a delayed effective a day after the record is filed	date, but not an effective time, at 12:01 a.m. on the earld.	ier of
MA'	2	219	
	\ (<u></u>	
	Signature of a	a member or authorized representative of a member	
-			
-	UAN E. SERRALES FOR ENTITY		

Page 3 of 3

Filing Fee: \$25.00