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SECRETARY OF STATE
TALL MAD SEE PA



## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

COVE RE I	BAY HARBOR TOWERS PR	OPERTY 10A LLC			
3000Le1.	Name of Lim	ited Liability Company		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	ILENA ALVAREZ, ESQ.				
		Name of Person		_	
	I.A. LAW, PA				
		Firm/Company		_ ~	
	12555 ORANGE DRIVE,	SUITE 4069		2020 DEC 11 PM 2: 09 SEGRETATE OF STATE	cı.F
		Address			
	DAVIE, FL 33330			- P	•
		City/State and Zip Code		SER S	ſ
	ILENA@IALAWPA.COM			TAI O	1
	E-mail address: (	to be used for future annual report not	ification)	· rn w	•
For further information of	oncerning this matter, please c	all:			
ILENA ALVAREZ		954 399-0749 at ( )			
Name of	f Person		ne Telephone Numb	per	
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed	
Mailing Addres Registration S	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327		Division of Co The Centre of	•		
Tallahassee, l		2415 N. Monro		810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## COVE RE BAY HARBOR TOWERS PROPERTY TO A LLC

(A Florida Limite	d Liability Company)	,	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000082531</u> .	ny were filed on APF	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company her	<u>re</u> :	
BAY HARBOR COVE 2 LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de-	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		020 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
E a ser ser all ser ser all ser			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	SSO P	
		ES 2:	
		09 ATE	
B. If amending the registered agent and/or registered offic	e address on our re	cords, <u>enter the name of the new registere</u>	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Negistered Office Address.	Enter Florie	da street address	
	PL.21.		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Ager	1 <b>†</b> *	·	
I hereby accept the appointment as registered agent and a			
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a			

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Remove
			2020 Change
			PM 2: 09
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