

L2000043124

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000031179 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : RAUL VALDES-FAULI, P.A.  
Account Number : 120180000021  
Phone : (786)870-5083  
Fax Number : (786)907-4006

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: VLACANA@RVF-LAW.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOWER 2 QUAYSIDE UNIT 704, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

2022 FEB 28 PM 11:01

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOWER 2 QUAYSIDE UNIT 704, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VANESSA LAGANA, PARALEGAL

\_\_\_\_\_  
Name of Person

RAUL VALDES-FAULL, P.A.

\_\_\_\_\_  
Firm/Company

355 ALHAMBRA CIRCLE, SUITE 1205

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

VLAGANA@RVF.LAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MRS. VANESSA LAGANA

at ( 786 ) 870 5083

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

FAX AUDIT #H22000031179 3

TOWER 2 QUAYSIDE UNIT 704, 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 02/05/2020 and assigned  
Florida document number 120000043124

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

355 ALHAMBRA CIRCLE

SUITE 1205

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

355 ALHAMBRA CIRCLE

SUITE 1205

CORAL GABLES, FL 33134

**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:

PREMIER REGISTERED AGENT INC.

New Registered Office Address:

355 ALHAMBRA CIRCLE, SUITE 1205

*Enter Florida street address*

CORAL GABLES

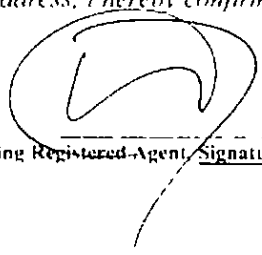
*City*

Florida 33134

*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 Agent, Signature of New Registered Agent**

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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>                  | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|------------------------------|------------------------|--|
| MGR          | RAUL VALDES-FAULI            | 355 ALHAMBRA CIRCLE    | <input checked="" type="checkbox"/> Add    |
|              |                              | SUITE 1205             | <input type="checkbox"/> Remove            |
|              |                              | CORAL GABLES, FL 33134 | <input type="checkbox"/> Change            |
| MGR          | Entity Registered Agent, LLC | 201 S. BISCAYNE BLVD.  | <input type="checkbox"/> Add               |
|              |                              | SUITE 2600             | <input checked="" type="checkbox"/> Remove |
|              |                              | MIAMI, FL 33131        | <input type="checkbox"/> Change            |
|              |                              |                        | <input type="checkbox"/> Add               |
|              |                              |                        | <input type="checkbox"/> Remove            |
|              |                              |                        | <input type="checkbox"/> Change            |
|              |                              |                        | <input type="checkbox"/> Add               |
|              |                              |                        | <input type="checkbox"/> Remove            |
|              |                              |                        | <input type="checkbox"/> Change            |
|              |                              |                        | <input type="checkbox"/> Add               |
|              |                              |                        | <input type="checkbox"/> Remove            |
|              |                              |                        | <input type="checkbox"/> Change            |
|              |                              |                        | <input type="checkbox"/> Add               |
|              |                              |                        | <input type="checkbox"/> Remove            |
|              |                              |                        | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

07-11-02

08-11-02

2022-07-28 11:02

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 1 2021

Signature of a member or authorized representative of a member

RAUL J. VALDES-FAULI, AUTHORIZED REPRESENTATIVE OF THE MEMBER

Typed or printed name of signee