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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certified Copies Certificates of Status		
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Special Instructions to	Filing Officer:		
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ALLAHASSEE, FLORIF



TRANSMITTAL LETTER

TO: Registration Se Division of Con	ection rporations			
SUBJECT: <u>SAIL</u> I	BOAT COVE VENTURI (Name of Li	ES <u>LLC</u> mited Liability Company)		
	f Amendment and fee(s) are sui	-		
· -	REINALDO CAST	ELLANOS, ESQ.		
	C	Firm/Company)	ECRETATION (FILED
	11234 S.W. 64	LANE (Address)	FLORI	皇三:公
		173 (State and Zip Code)	DA C	ŏ
For further information of	concerning this matter, please o	call:		
REINAL	DO CASTELLANOS (Name of Person)	at (780) 346- (Area Code & Daytime	- 3029 : 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)	

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 10, 2004

REINALDO CASTELLANOS, ESQ. 11234 S.W. 64 LANE MIAMI, FL 33173

SUBJECT: SAILBOAT COVE VENTURES, LLC

Ref. Number: L03000052778

We have received your document for SAILBOAT COVE VENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your amendment must specifically state what changes are being made, so that it is clear from this document alone, without reference to the original articles. Also, in order to change the registered agent's address, you must complete and return the enclosed form. There is no additional fee due for this form, and it will be filed with your amendment when you return them both with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 904A00054276

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	_	
1. The name of the limited liability co	ompany is: SAILBOAT COVE VE	NTURES, LLC
2. The mailing address of the limited l	liability company is : <u>//234 SW 6</u>	4 LANE
MIAMI, FL 3317		
12/15/03	L 030000	252778
3. Date of filing/registration in Florida	a 4. Document number	
Florida Department of State:	d the registered office address as shown on the ALDO CASTELLANOS, ESQ. Name ALABRIA AVE., SUITE 7 Address GABLES, FL 33134 City, State and Zip	e records of the
6. The name and address of the new re REINA 11234	egistered agent and/or office: LDO CASTELLANOS, ESQ, Name L S.W. 64 LANE eet address (P.O. Box NOT acceptable)	FILED 04 OCT -6 AM II: 30 SECHETARIA STATE TALLAHASSEE, FLORIDA
confirmed that after the change or char	organized under the laws of the State of Floridages are made, the Florida street address of the dagent will be identical. Or, in the case of a ed that the change(s) was/were authorized by mpany or as otherwise provided in the articles liability company.	e registered office

(Signature of a member or authorized representative of a member)

KEINALDO CASTELLANOS.
(Printed or typed name of signee)

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 608, 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.

(Signature of Registered Agent)

99) FILING FEE: \$25.00

INH\$18(10/99)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WISCO VENTURES, LLC			
-	(Present Name) (A Florida Limited Liability Company)			
	. v.			
FIRST:	The Articles of Organization were filed on 04/01/03 and assigned document number L03000011499			
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the liability company:	: limited		
	Article II, Article III, are amended to change the address as follows:			
	11234 S.W. 64 Lane, Miami, Florida 33173.			
	(SEE ATTACHED EXHIBIT "A")	STA E, FLOR	04 OCT -6 AM II: 3/	
Dated	09/07/04	⊳,,, ç	5	
	Signature of a member or authorized representative of a member	_		
	REINALDO CASTELLANOS, ESQ.			
	Typed or printed name of signee			

Filing Fee: \$25.00

EXHIBIT "A"

Article II

The street address of the principal office of the LLC is to be amended from:

115 Calabria Avenue, Suite 7 Coral Gables, FL 33134

To the following new street address of the principal office for the LLC:

> 11234 SW 64 Lane Miami, FL 33173

Article II

The mailing address of the LLC is to be amended from: 115 Calabria Avenue, Suite 7 Coral Gables, FL 33134

To the following new mailing address for the LLC:

11234 SW 64 Lane Miami, FL 33173

Article IV

The Florida street address of the registered agent is to be amended from:

115 Calabria Avenue, Suite 7 Coral Gables, FL 33134

To the following new Florida street address of the registered agent:

11234 SW 64 Lane Miami, FL 33173

Article V

The address of the managing members/managers is to be amended from:

115 Calabria Avenue, Suite 7 Coral Gables, FL 33134

To the following new address of the managing members/managers:

11234 SW 64 Lane Miami, FL 33173