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SECRETARY OF STATE

COVER LÉTTER

TO: Registration Section
Division of Corporations

SURVICE: AVENTURA PLACE, 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:

Yolanda Katon, Legal Asst.

Name of Person

Alex D. Sirulnik, P.A.

Firm/Company

2199 Ponce De Leon Blvd., Ste 301

Address

Coral Gables, FL 33134

City/State and Zip Code

ykaton@sirulniklaw.com

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

For further information concerning this matter, please call:

Yolanda Katon

₃₁, 305, 443-72

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 AUG 15 PM 3: 15

SECHETARY OF STATE FALLARASSEE, FLORIDA

AVENTURA PLACE, 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 Se	eptember 12, 2005 and assigned
Florida document number L0500089836		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :
The new name must be distinguishable and end with the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action 1000 E. HALLANDALE BEACH BLVD. **MGR** MANUEL GROSSKOPF HALLANDALE BEACH, FL 33009 Remove □ Add ____ 🗆 Remove __ 🗆 Add _____ Remove □ Add _____ Remove □ Add □ Add ☐ Remove

. If amending any other information	on, enter enange(s) here: (Allach add	litional sheets, if necessary.)
Effective date, if other than the d (The effective date must be specific, cannot the date this document is filed by the Flori	ate of filing: be prior to date of receipt or filed date and can da Department of State)	(optional) not be more than 90 days after
Dated August 14	2014	
	1	
S	gnature of a member or authorized representa	tive of a member
Alex D. Sirulnik	, Registered Agent & Au	thorized Representative
	Typed or printed name of signe	e

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Filing Fee: \$25.00