

L05000106485

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLAZA 406, LLC**

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2/9/2015 8:18:57 AM PAGE 1/001 Fax Server



February 9, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PLAZA 406, LLC
1000 BRICKELL AVENUE, 400
MIAMI, FL 33131

SUBJECT: PLAZA 406, LLC
REF: L05000106485

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: R15000031357
Letter Number: 915A00002581

RECEIVED
15 FEB -9 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

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

PLAZA 408, 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 11/01/2005 and assigned
Florida document number L05000106485

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City Florida 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

FILED
15 FEB 10 9 AM L.L.C.
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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>	<u>Type of Action</u>
MGR	VARELA, MARTHA	1000 BRICKELL AVENUE, 400	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	Palm Ventures Estates Corp., BVI	Vanterpool Plaza, 2nd Floor	<input checked="" type="checkbox"/> Add
		Wickhams Cay 1, Roadtown	<input type="checkbox"/> Remove
		Tortola, British Virgin Islands	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

~~_____~~
~~_____~~
~~_____~~
~~_____~~

E. Effective date, if other than the date of filing (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 24, 2015

Martha Varela
Signature of a member or authorized representative of a member
Martha Varela, Manager
Typed signature name of signor

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB -9 PM 4:46

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