LDU000078739

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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2015 NOV -2 P 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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COVER LETTER

TO: Registration S Division of Co			
8900 LLC SUBJECT:			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	DANA M. KAUFMAN, E	ESQ	
		Name of Person	
	KAUFMAN & COMPAN	IY, P.A.	
		Firm/Company	
	1001 BRICKELL BAY D	R STE 2650	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	DKAUFMAN@KAUFMA		
Par Gudha in Gamaia		to be used for future annual report notification	2015 NOV -2 F SECRETARY OF ALLAHASSEE.
ror further information	concerning this matter, please c	aii:	To T
DANA M. KAUFMAN		305 455-0314 at ()	
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

8900 LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 8-09-2006		and assigned
Florida document number L06000078739	<u></u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		1001 BRICKELL BAY	DR STE 2650	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33131		
Enter new mailing address, if applicable:		1001 BRICKELL BAY	DR STE 2650	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33131	LL SEC	
			SA P	3 7
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of office address her	ffice address on our r <u>e</u> :	1. C	name of the ne
Name of New Registered Agent:	DANA M. KA	UFMAN	NDA C	-c 지
New Registered Office Address:	1001 BRICKE	LL BAY DR STE 2650		
		Enter Florida stree	t address	
	MIAMI		, Florida _ ³³¹³	31
		Citv		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

Page 1 of 3

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>	Address	Type of Action
MGR	HELI LIMITED PARTNERSHIP	8105 WEST 20TH AVE	
		HIALEAH, FL 33014	■ Remove
			□ Change
MGR	LINDA S. ORTIZ	1001 BRICKELL BAY DR	Add
		STE 2650	Remove
		MIAMI, FL 33131	☐ Change
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			□ Remove
			☐ Change

amen	ding any other	intormatic	on, enter ch	ange(s) h	ere: <i>(Att</i>	ach additi	onal shee	s, if nec	essary.,)	
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an effect	e date, if other tive date is listed.	the date must b	e specific and	cannot be p	rior to date	of filing or	nore than 90	days afte	r filing.)	Pursuant t	o 605.0207
	the date inserte nt's effective dat					itutory mi	ig requirer	nems, m	is uate v	viii not o	e listed as
e reco	ord specifies a	delayed	effective d	ate, but	not an e	effective	time, at	12:01	a.m. c	n the e	arlier o
	Oth day afte						·				
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Filing Fee: \$25.00