L07000054328

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 2.11.1, 1.11.11.)
(Document Number)
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8101 BISCAYNE BOULEVARD LLC		
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	. <u>ppears on our records.</u>) any)	
he Articles of Organization for this Limited Liability Company were filed o	on 05/22/2007	and assigned
forida document number <u>L07000054328</u> .		C
forida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
he new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbrevia	ition "L.L.C."
Inter new principal offices address, if applicable:		 :
Principal office address MUST BE A STREET ADDRESS)		
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	ري (۲)	(1) 2022 NOV
A control of the second decrease of the black	CA:	2 <u>X</u>
nter new mailing address, if applicable:	<u> </u>	<u>~</u>
Mailing address MAY BE A POST OFFICE BOX)		
	,	···
		5 5
3. If amending the registered agent and/or registered office address on o	our records, enter the name of t	he new regis
gent and/or the new registered office address here:	rn	
Ni anno a Chiang Damintana al Alamata		
Name of New Registered Agent:		
New Registered Office Address:		
	er Florida street address	
	Elemente.	

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.

City

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	ALEIDA P. GOMEZ	8530 NW 164TH STREET	= Add
		MIAMI LAKES, FLORIDA 33016	□Remove
			□Change
	- Louis - Loui		□Add
			🗆 Remove
		TALL.	
			☐ Remove
			□Add
			□ Remove
			□ Change
			□Add
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			□Remove
			□Change

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