Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EJ 900 BISCAYNE BAY 4606, LLC.

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S. WARREN

JUN 1 9 2017

Electronic Filing Menu

Corporate Filing Menu

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6/16/2017

CORP USA

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COVER LETTER

TO: Registration Section Division of Corporations							
et m m		EJ 900 BISCAYNE BAY 4606, LLC. (ADD A MANAGER)					
SUBJE							
The eno	loone Autoles	of Amendment and fee(s) are so	throitend for filing				
ricase n	enita an Coffe	spondence concerning this matte	er to me tottomms:				
		CARLOS GARCIA					
			Name of Person				
		CARLOS GARCIA, P.A	•				
			Firm/Company				
•	500 S. DIXIE HIGHWAY STE 202						
			Address	4			
		CORAL GABLES, FL 33	3146				
		CARLOGO POR LA VILLE	City/State and Zip Code				
		CARLOS@CGPALAW,C	(to be used for future annual report no	stitication)			
For furth	er information	concerning this matter, please		······			
CARLO	S GARCIA		305 779-2479				
	Name	of Person	Area Code Dayti	me Telephone Number			
Enclosed	is a check for	the following amount:		•			
□ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed)			
	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations 30x 6327 passee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahasses, FL 3	orations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ej 900 biscayne bay 4606, llc		<u></u>
(Name of the Limited	Liability Company as it no A Florida Lumted Liability Co	w appears on our records.)
The Articles of Organization for this Limited Lia Florida document number L08000061381	bility Company were file	d on 06/16/2017 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability com	pany here: WA.
The new name must be distinguishable and contain the wor	rds "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	***···	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
1344444	<u> </u>	
registered agent and/or the new registered office Name of New Registered Agent:		ress on our records, enter the name of the new
New Registered Office Address:		
	£	Enter Plorida street address
		Florida Zip Code
New Registered Agent's Signature, if changing Re-	•	Zip Cone
I hereby accept the appointment as registered provisions of all statutes relative to the proper	agent and agree to act i and complete performa ered agent as provided j gistered office address,	for in Chapter 605, F.S. Or, if this document is I hereby confirm that the limited liability
	If Changing Regist	tered Agent, Signature of New Registered Agent

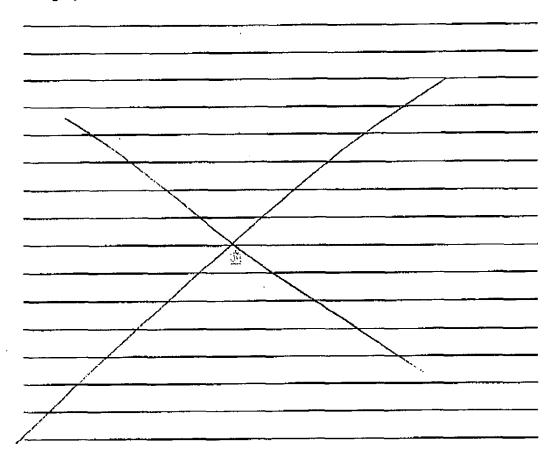
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member			The set A set se
<u>Title</u>	<u>Name</u>	•	Address	Type of Action
MGR	CARLOS GARCIA		500 S. DIXIE HIGHWAY STE 202	Add
			CORAL GABLES, FL 33146	□ Remove
				Add
				Remove
				Change
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				Д Кешоус
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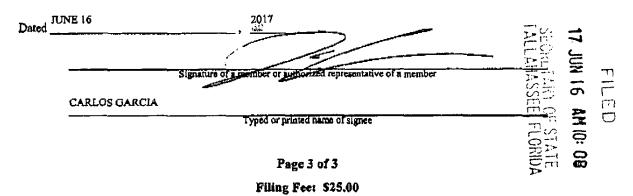


E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and counct be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



H17 000 161533