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## **COVER LETTER**

Division of Corporations				
SUBJECT: AVENTURA PROPERTIES OF SOUTH FLORIAN LLC (Name of Limited Liability Company)				
(Name of Emilies English, Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JEAN - JACQUES MYARA				
(Name of Person)				
(Firm/Company)				
(Address)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
TOAN- JACQUES MYARA at (954) 744 9493 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee 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

68 NOV -3 AMII: 53

Aventura Properties of South FIBY OF STATE (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	<i>15- 2 o o ₽</i> and assigned	
Florida document number <u>LO8 (JOCO 973)</u>			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_ <i>N/A</i>		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:	W/A		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	(Enter F	(Enter Florida street address)	
		, Florida(Zip Code)	
	(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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name **Address Type of Action** JUAN: JACQUE MYARA P RESIDENT **™** Add 33008 Remove MGR Remove ☐ Add Remove \_ Add Remove \_\_\_ Add Remove ■ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 28 Dated \_\_ OC+ 2008 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00