# L09000010195

(Re	questor's Name)	
(Ad	dress)	
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### COVER LETTER

TO: Registration Se Division of Cor	ection # # porations	* **	*		
SUBJECT: 6365 CC	DLLINS, LLC				
SOBJECT:	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub-	-			
	JOHN S. BOHATCH	I, ESQ.			
		Name of Person			
	GUTTENMACHER,	BOHATCH & PENARANDA	, P.A.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	7301 SW 57th Court	, Suite 560			
		Address			
	South Miami, FL 33	143			
		City/State and Zip Code	<del>.</del>	C2	
	jbohatch@gbptaxlaw	.com to be used for future annual report notifications.		<b>B</b>	-71
For further information of	concerning this matter, please ca	·	ation)	A PARTY AND A PART	Contraction Statement
JOHN S. BOHATO	-	305 666-1040		SEE E	T
Name o	f Person	at () Area Code Daytime T	elephone Number	1 3: 30	
Enclosed is a check for the	he following amount:			- 취 	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Cop (additional copy	Status & y	

#### 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

6365 Collins, 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 1/30/2009 and assigned Florida document number L09000010195 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 Florida City

#### 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

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 Type of Action Title Name <u>Address</u> MGR Peral, Eloy 3710 Riviera Drive □ Add Coral Gables, FL 33134 **■** Remove Peral, Elia 3710 Riviera Drive MGR \_□ Add Coral Gables, FL 33134 ■ Remove Peral Holdings, LLC MGR 3710 Riviera Drive ■ Add Coral Gables, FL 33134 \_□ Remove \_□ Add □ Remove □ Remove

(optional)
e more than 90 days after
of a member
_

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Filing Fee: \$25.00

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