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T. CLINE

JUN 11 2009

EXAMINER

'COVER LETTER

TO: Registration So Division of Con					
SUBJECT:AVE	entura 54, L	LC			
	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspondent	ondence concerning this matter t	to the following:			
	_	. Sommers, Es	9.		
	Kobin J.	Sommers, P.A.	·		
	600 W. H	tillsboro Blud.	He 22	0	
	0	Address			
	Derfield	Beach FL City/State and Zip Code nmers P gmail. Cos be used for future annual report notificat	3344/		
	cobinica	City/State and Zip Code	\$	7.0	
	E-mail address: (to	be used for future annual report notifica	tion)		-17
For further information of	concerning this matter, please ca			至是	********
DI.	•			SSE	
Kobin	Jonners	at (151) 570 · 6 Area Code & Daytime T	757	TO B	
Name o	of Person	Area Code & Daytime T	'elephone Number	SECRETARY OF STATE ASECRETARY OF STATE	
Enclosed is a check for the	he 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 For Certificate of Certified Copy (additional control of the Certified Copy)	Status &	

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

Aventura	54, LLC			
(Name of the Limited Li (A F	ability Company as it now appear orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>LO9000 48</u>		10, 20, 2009 and assigned		
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)	TASECARET TO		
Enter new mailing address, if applicable:		ARY SSE		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	OR IN L		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street address		
	Li.			
	City	, Florida 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** <u>Name</u> **Address Type of Action** 600 W. Hillsboro Blvd, ste 220 MGEM ☐ Add Remove ☐ Add ☐ Remove] Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) of a member or authorized representative of a member LINDA SOMMERS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00