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## COVER LETTER

	gistration Se ision of Cor			
		JINS AVE 442 LLC		
SUBJECT		Name of Lim	ited Liability Company	
		fi.		
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		1		
		VANINA MATE JS		
		<del></del>	Name of Person	
		2301 COLLINS AVE 442		r 3
		· · ·	Firm/Company	-
		5481 WILE\$ RD STE 505		÷
			Address	· · · · · · · · · · · · · · · · · · ·
		COCONUT CRE K FL 3.	3073	
		<u> </u>	City/State and Zip Code	
		vaninamat17@gmail.com		
		ì	to be used for future annual report no	outication)
		oncerning this matter, please ca	111:	
VANINA N			954 623-7527 at ()	
	Name o	f Person	Area Code Daysi	me Telephone Number
		ıl		
Enclosed is a	a check for th	ie following amoûnt:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Catus	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: attion Section on of Corporations ox 6327 assec. FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL)	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2301 COLLINS AVE 442 LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited L	ny as it now appea Jability Company)	rs on our records.)		
he Articles of Organization for this Limited L	iability Company	were filed on $\frac{06}{2}$	5/10/2009	and ass	signed
orida document number L09000056692					
	·				
nis amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name of	of the limited liabi	ility company h	ere:		
· · · · · · · · · · · · · · · · · · ·			<del></del>		
e new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the c	designation "LLC" or the abl	 breviation "L	.IC."
 	5481 WILES RD STE 505		D STE 505		
nter new principal offices address; it applicable:  Principal office address MUST BE A STREET ADDRESS)		COCONUT CREEK FL 33073			
rincipal office address MOST BE A STREE	e i Address)		<u> </u>		
		5481 WH ES R	D STF 505		
ter new mailing address, if applicable: 5481 WILES RD STE 505  COCONUT CREEK FL 33073					
<u> Agiling address MAY BE A POST OFFICE</u>	(BOX)	COCONOT CF	CEEK PL 33073	<del></del> -	
i					
10 m					
If amending the registered agent and gistered agent and/or the new registered of			our records, <u>enter</u>	the name 7	ol_the
7		•		-	٠.
Many of New Deviatored Ashar	VANINA MAT	EUS		<u>۔</u> د	•
Name of New Registered Agent:					;
New Registered Office Address:	5481 WILES R			;	<u>.                                    </u>
		Enter Flo	rida street address	. `	
1	COCONUT CR	EEEK	, Florida		
1		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 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

Page 1 of 3

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>	<u>Address</u>	Type of Action
AMBR	Max Beach Corp a BV Corp.	5481 WILES RD STE 505	<b>∃</b> Add
	1	COCONUT CREEK FL 33073	Remove
		<del></del>	Change
MGRM	ADOLFO R MATEUS	10275 COLLINS AVE APT 926	
	ì	BAL HARBOUR, FL 33154	■ Remove
	1		☐ Change
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ote: If the date inserted	ne date must be specific and call in this block do. 3 not meed on the Department of Stat	t the applicable statutory	(option: or more than 90 days after fili filing requirements, this da	ing.) Pursuant to 605.020 ate will not-be listed a:
e record specifies a The 90th day after	delayed effective dat the record <sup>l</sup> is filed.	e, but not an effecti	ve time, at 12:01 a.n	n. on the earlier o
ated				
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Filing Fee: \$25.00