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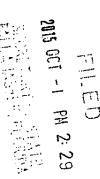
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COVER LETTER

Division of Co			
SUBJECT:	5, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Steven F. Pessoa, Esq.		
		Name of Person	
	Cohen Pessoa Law Group,	PLLC	
		Firm/Company	
2828 Coral Way, Suite 525			
		Address	
	Miami, FL 33145		
		City/State and Zip Code	
	steven@cohenpessoalaw.co	· m	
For further information	e-mail address: (i	to be used for future annual report notifi all:	cation)
Steven F. Pessoa, Esq.		786 452-9890 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 Fee, Certificate of Status & 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

FILED 2015 OCT -1 PM 2: 29 MELAHAMEL TO MIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVY 3706, LLC				
(Name of the Lim	ited Liability Compr (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L. Corida document number 1.09000078046	iability Company	were filed on August 13	, 2009 and assigned	
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name of	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2828 Coral Way, Suite.	525	
Principal office address MUST BE A STRE	ET ADDRESS)	Miami, FL 33145		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2828 Coral Way, Suite Miami, FL 33145	525	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address her		ecords, enter the name of the	
	2828 Coral Wa	av Suite 525		
New Registered Office Address:	LOLO COTAL WE	Enter Florida stree	1 address	
	Miami	•	. Florida 33145	
		Cin:	Zin 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>	Name	Address	Type of Action
MGR	Cassio Martins	2828 Coral Way, Suite 525	Add
		Miami, FL 33145	□ Rеточе
			■ Change
MGR	Malba Bertino	2828 Coral Way, Suite 525	D Add
		Miami, FL 33145	□ Remove
			■ Change
			□ Add
			□ Remove
			Change
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early of the record is filed.	ier of:
ited	09/14/29715	
	/ (// 3497)	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00