-L110000024404

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TALLAHASSEE, FLORING

D. BRUCE

SEP 0 6 2011

EXAMINER

COVER LETTER

TO;.	Registration Secti Division of Corpo		•		
SUBJI	ECT: 1995 BAY	VIEW LLC, PALE Name of Limit	RMO 30 LLC, 712 ed Liability Company	20 NORMANDY	
		nendment and fee(s) are sub-			
•		_	,		
			ANGELA COATES		•
			Name of Person		<u></u>
			SOLUTIONS RE		
			Firm/Company		_
	•	7300 B	ISCAYNE BLVD ST	E 300	
			Address		Ass _
			MIAMI FL 33138		CCRE II SE
			City/State and Zip Code	,	P - TAI
	_	ANGELA	C@SOLUTIONS-RE	E.COM	SEC N
		E-mail address: (to	be used for future annual rep	ort notification)	E PE PE C
For fur	ther information con-	cerning this matter, please ca	all:		
•	CHE	N NAGID	at (786)	355-9981	DA
	Name of Pe	erson	Area Code &	Daytime Telephone Numb	er
Enclos	ed is a check for the f	ollowing amount:			,
\$25	.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific enclosed) Certific	Tiling Fee, cate of Status & ed Copy onal 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

1995 BA	YVIEW LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appeared Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Comp	oany were filed on	2/28/2011	and assigned		
Florida document number L11000024404					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company her	<u>·e</u> :			
The new name must be distinguishable and end with the words "l"L.L.C."	Limited Liability Compa	any," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:		1	E8 =		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		SE THAN		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ARY OF STATES SEE. FLORIDA		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on o	our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:			·		
New Registered Office Address:	Fи	ter Florida street add	dross		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Title <u>Name</u> <u>Address</u> Type of Action MGR **CHEN NAGID** ✓ Add
☐ Remove 7300 BISCAYNE BLVD, #300 MIAMI, FL 33138 RICHARD WOOD MGR 7300 BISCAYNE BLVD, #300 MIAMI_FL_33138_____ MGRM FRANCOIS TULLE 7300 BISCAYNE BLVD, #300 √ Add MIAML FL 33138 ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00