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T. HAMPTON

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co	Section orporations						
SUBJECT: LAS VISTAS UNIT 315 LLC								
2020	Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please	return all corresp	condence concerning this matter	r to the following:					
	LUIS R. SMITH Name of Person							
	JESSEL INVESTMENTS LLC							
	Firm/Company.							
		11402 NW 41ST STREET SUITE 211						
			Address					
			DORAL, FL. 33178 City/State and Zip Code					
		I.M.	JESSEL@GMAIL.COM					
		E-mail address: (to be used for future annual report no	tification)				
For furt	her information	concerning this matter, please of	call:					
		IIS R. SMITH	at (305)	470-2429				
	Name	of Person	Area Code & Dayt	ime Telephone Number				
Enclose	d 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 enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2011 OCT 17 PM 2:41

TALLAHASSEE, FLORIDA

LAS VISTAS UNIT 315 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization fo	r this Limited Liability Compar	y were filed on	03/25/2011	and assigned	
Florida document number	L11000036121			•	
This amendment is submitted to	amend the following:				
A. If amending name, enter t	he new name of the limited lia	bility company here:			
The new name must be distinguish "L.L.C."	nable and end with the words "Lin	nited Liability Company	," the designation "I	LC" or the abbreviatio	
Enter new principal offices ad	dress, if applicable:		- Q ,		
(Principal office address MUS)	T BE A STREET ADDRESS)		, , , ,		
Enter new mailing address, if	applicable:				
(Mailing address MAY BE A P	OST OFFICE BOX)				
B. If amending the register registered agent and/or the ne	ed agent and/or registered o w registered office address he	office address on our re:	records, enter t	ne name of the nev	
Name of New Register	ed Agent:				
New Registered Office	Address:				
	-	Enter Florida street address			
	, Florida				
		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 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 Changing Registered Agent, Signature of New Registered Agent

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** VANDA M. DA SILVA MGR **11402 NW 41ST STREET** ☐ Add SUITE 211 #568 Remove **DORAL, FL. 33178** ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **OCTOBER 10TH** 2011 Dated Signature of a member or authorized representative of a member LUIS R. SMITH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00