L11000047129

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SECRETARY OF STATE

COVER LETTER

	on of Corporations			
SUBJECT: _	. ,	Arelquin Plaza, LLC		
_		e of Limited Liability Company		
The enclosed A	articles of Amendment and fee(s) are submitted for filing.		
Please return a	Il correspondence concerning the	is matter to the following:		
	Kenneth M. Damas			
		Name of Person		
		Adorno & Damas		
	Firm/Company			
1000 Brickell Avenue, Suite 1005				
		Address		
Miami, Florida 33131				
		City/State and Zip Code		
kdamas@adornodamaslaw.com E-mail address: (to be used for future annual report notification)				
For further info	rmation concerning this matter	, please call:		
	Kenneth Damas	at (305) 381-9999		
	Name of Person	Area Code & Daytime Telephone Number		
Enclosed is a cl	neck for the following amount:			
▼ \$25.00 Filin	g Fee \$\bigsim \\$30.00 \text{ Filing Fe} \\ \text{Certificate of}	Status S55.00 Filing Fee & \$60.00 Filing Fee,		
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Arlequin Plaza			
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liabi Florida document numberL1100004712	lity Company were filed on		and ass	signed
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	," the designation "I	LC" or the a	ubbreviation
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on ou	r records, <u>enter t</u>	he name o	f the new
Name of New Registered Agent:			另畫	-11
New Registered Office Address:	*	5	TA O	
	Enter	Florida street add	PH 2	
-	City	, Florida	Zip Code	
New Registered Agent's Signature if changing Regis	stered Agent.		יש ויינט בא	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Daniela Hernandez	60 SW 13th Street #4608 Miami, Florida 33130	Add ✓ Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	~
			_
			-
Dated	,	Jen	
	Signature of a men	ber or authorized representative of a member	
	Tx	Juan Hernandez ped or printed name of signee	
	<i></i>	D 2 62	

Page 2 of 2

Filing Fee: \$25.00