12/11/2017 18:00

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## COVER LETTER

TO: Registration Section   Division of Corporation	nns		
910 Harbor Drive	Real Estate LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of Amend	lment and fec(s) are subtr	nitted for filing.	
   Please return all correspondence 	concerning this matter to	o the following:	
Di Di	ane M. Hernandez		
<del>-  </del>		Name of Person	
 	lams Gallinar, P.A.		
<u>- !!</u> 		Firm/Company	
[] 10	00 Brickell Avenue, Suit	e 300	
<u>-!!</u>		Address	
M	iami, Florida 33131		
<u>-    </u>  -  -	.,	City/State and Zip Code	
dhe	ernandez@agilaw.com	<u> </u>	
<del>- i</del> i	E-mail address: (t	o be used for future annual report noti	fication)
For further information concert	ning this matter, please ca	di:	
Diane M. Hernandez		305 416-6800 at ()	
Name of Perso	in .	Area Code Daytim	e Telephone Number
Enclosed is a check for the foll	owing amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe:: & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING Registration Division of P.O. Box 63 Tatlahassee	Section Corporations 27	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahossee, FL 32	on rations enter Circle

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF \*\*

	iarbor Drive Real		
(Name of the Limited Liz	ability Company as orida Limited Liabil	It now appears on our recity Company)	ords.)
The Articles of Organization for this Limited Liability	ty Company wer	e filed on 06/14/2011	and assigned
Florida document number Li1000069261	·	ir.	
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the			
The new name must be distinguishable and contain the words	"Limited Liability C	Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: 10	000 Brickell Avenue	ార్ట్లు కాట్
(Principal office address MUST BE A STREET A	C.	uite 300	
Trincipui Office address OST 12571.5.1213222		liami, Florida 33131	是
		040 5 1 11 4	12 SSEE
Enter new mailing address, if applicable:	· -	000 Brickell Avenue	
(Mailing address MAY BE A POST OFFICE BOX	<u>*)</u> _	uite:300	
	<u>N</u>	liami, Florida 33131	<del></del>
Name of New Registered Agent.	registered office address here:  AGI Registered Ag  000 Brickell Aver	ents. inc.	ords, enter the name of the new
New Registered Office Address:		Enter Florida street a	ddress
	diami		, Florida <sup>323131</sup>
		City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the change in the region of the change in the region of the change in the region of the change in the chang	and complete pe red agent as pro istered office ad inge.	rformance of my dutie vided for in Chapter of digess. I hereby confirm	s, and I am familiar with and 505, F.S. Or, if this document is

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If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u> </u>	<u>Name</u>	Address	Type of Action
MGR	AGI Registered Agents, Inc.	1000 Brickell Avenue	<b>∃</b> Add
		Suite 300	Remove
		Miami, Florida 33131	Change
MGR	Stewart Agent Services LLC	110 Merrick Way	Add
		Suite 3A	■ Remove
	i i	Coral Gables, Florida 33134	☐ Change
VP	Louis Stinson, Jr.	110 Merrick Willy	
		Suite 3A	
	ì	Coral Gables, Florida 33134	☐ Change
\$	Giomar L. Weatherwax	110 Merrick Way	_
		Suite 3A	■ Remove
		Coral Gables, Florida 33134	-
			Add
			- Mmoyes
	i	ili ili	SSTO Change A
			On Remove
			Change

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D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessor)	ury.)
		<del></del>
		<del></del>
		<del></del>
,		
	1	
C. Effective data if other	then the data of filing: (Option	ral)
Note: If the date inserte	the date of filing:  the date must be specific and cannot be prior to date of filing or more than 90 days after filed in this block does not meet the applicable statutory filing requirements, this case on the Department of State's records.	ing.) Pursuant to 605.0207 (3)(b) late will not be listed as the
_		the parties of
If the record specifies (b) The 90th day after	a delayed effective date, but not an effective time, at 12:01 a. In the record is filed.	The state of the s
Dated 12f1	2017	登りる。
pared	Had the state of t	2 F
	Signature of a member or authorized representative of a member	<u> </u>
Robert R. A	daris, Authorized Signatory	7 · ·
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	