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COVER LETTER

Division of Corporations	
SUBJECT: MIAM' Beach Peal ESTATE Rempany, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Medere A. Pover Name of Person Alianza (aw Firm, P) Firm/Company	
2100 loval way, SUITE 404	
City/State and Zip Code October State and Zip Code	
de vge Valencia Galianzalaw Firm. co V mail address: (to be used for future annual report notification)	m
For further information concerning this matter, please call:	202
Theodore A. Rover at 305 965 1245 FT Area Code Daytime Telephone Number 320 000 000000000000000000000000000000	2022 OCT 17 AM
Enclosed is a check for the following amount:	ස 🗂
☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Pagistration Section Pagistration Section	

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Lial Florida document number	bility Company were	: filed on <u>03//</u>	$\sqrt{\frac{2012}{\text{and assigned}}}$	
This amendment is submitted to amend the follow	· -			
A. If amending name, enter the new name of t	the limited liability	company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicat	ble:	N/A		_
(Principal office address MUST BE A STREET	ADDRESS)	N/A N/A		
Enter new mailing address, if applicable:		N/A	202	_
(Mailing address MAY BE A POST OFFICE BO	<u>ox)</u>	N/A N/A	ACRE OR TO	
B. If amending the registered agent and/or regagent and/or the new registered office address		ess on our records, <u>er</u>	nter the name of the new registe	red
		,	F	
Name of New Registered Agent:	Alianza	law FIR	m, P.L.	
New Registered Office Address:	_2100 1	Loral way Enter Florida street by	M, P.L.	
	Miam	! !	, Florida 33/45 Zip Code	
New Registered Agent's Signature, if changing Re-		.ity	Zip Code	

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 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

Title Name Address Type of Action MGRM Pover, Theodore A 5007 N. Bag RD DAdd MiAmi Beach 4 33 40 DREMOVE _____ □Change MGRM Shelby living TRUST 2100 Coral way Many Florida 33145 Remove _____ □Change Remove Remove _____ □Change _____ □Change ______ □Remove ______ □Change

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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the appl	or to date of filing or more than sicable statutory filing require	90 days after filing.) Purs	uant to 605.0207 (3) not be listed as the
ne record specifies a delayed effectivord is filed.	e date, but not an effective	time, at 12:01 a.m. on the ea	arlier of: (b) The 90t	h day after the
Dated OCTOBER 1	<u>0 , 202</u>	7.		
	Thedon	a a leve	_	
	Signature of a member or aut	thorized representative of a men	nber	
		Love A. Rover		