Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Tallahassee, FL 32314

COVER LETTER

	Registration Sec Division of Corp			
		PERTIES LLC		
SUBJEC	7f:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter (to the following:	
		Gregory Glofak		
			Name of Person	
		R&S International Law Gro	oup, LLP	,
		1000 Brickell Avenue, Stc.	Firm/Company 400	8 86
			Address	
		Miami, FL 33131	Vooless	是 SELLES
		mtorres@rsmiami.com; mro	City/State and Zip Code pjas@rsmiami.com	ORIO S
		E-mail address: (to be used for future annual report not	fication)
For furt	her information o	oncerning this matter, please ca	all:	
Gregory	y Glofak		305 349-1500	
	Name o	f Person	Arca Code Daytin	ne Telephone Number
Enclose	d is a check for t	he following amount:		
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Courts	orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lana Properties LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for thi	y were filed on June 10, 2012	and assigned
This amendment is submitted to amend the following:		18 G
A. If amending name, enter the new name of the limited lis		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation E.L.C.
Enter new principal offices address, if applicable:		- 2
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, ere:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
<u>.</u>		when some to comply with the

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 Changing Registered Agent, Signature of New Registered Agent

① 12/07/2018 12:10 PM 14154847068

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Silvana Pia Solari	Cervera Mgmt. Inc, 1492 S. Miami Ave, Miami FL 33130	■ Add
			☐ Remove
			☐ Change
MGR	Aldo Enrico Solari	Cervera Mgmt. Inc, 1492 S. Miami Ave, Miami FL 33130	■ Add
			☐ Remove
			☐ Change
			
			So Remove
			Change 55
			OĀdd
			Remove
			☐ Change
			DAdd
			□ Remove
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			☐ Remove
			☐ Change

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etive date, if other than the date of filing: If the date inserted in this block does not meet the applicable statutory filingent's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.02 ng requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective see 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
d December 7 , 2018 .	
[[][]	e of a member
Signature of a member or authorized representative	re or a memori

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Filing Fee: \$25.00