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. COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	FT ESTATES, ILL	C	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles	s of Amendment and fee(s) are subm	nitted for filing.	
Please return all corre	espondence concerning this matter to	o the following:	
	Bernal	do 1. flonza	lez
	FT €	Name of Person ESTATES, LLC	
		Firm/Company	0
	901 SR	loyal Poinciana	Blud.
		Address	
	Miani 5	prings, florida	33160
	E-mail address: (to	City/State and Zip Code USO 69 @ Mai obe used for future annual report notifi	L. Com
For further information	on concerning this matter, please cal		
Bernard	o L. Gonzalez	at (954) 655	3169
Nai	me of Person	Area Code Dayume	Telephone Number
Enclosed is a check f	for the following amount:		
□ \$25.00 Filing Fe	\$30.00 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)
<u>Mailing Ad</u> Registratio	Idress: on Section	Street Address: Registration Sec	tion
Division o	of Corporations	Division of Corp	oorations
P.O. Box	0327	The Centre of Ta	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FT ESTATES, ILC 2020 AUG 14 AU 9:07
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 06 26 20 2 and assigned Florida document number 1100083
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered 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 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

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

<u>Title</u>	<u>Name</u>	Address 2029 AUG 11, AM 9: 07	Type of Action
M62	RODRIGO	1000 WILLIAM ISLAND	₩Add
	FERNANDEZ	Aventura, Florida 33180	—/ \ □Remove
			□Change
			□Add
			□Remove
			□Change
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		2.20 AUR 14 AL 9: 07
 		
		
	 	
fective date if other	than the date of filing:	(optional)
n effective date is listed, t	e date must be specific and cannot be prior to date of	(optional) tiling or more than 90 days after tiling.) Pursuant to 605.0207 (3 ttory filing requirements, this date will not be listed as th
	on the Department of State's records.	
ecord specifies a delay is filed.	d effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
ated Aubust.	10 2020	
	1. Dhmth	
	Signature of a member of authorized repr	
	Berlardo L. Em	tales, Marager.