Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

: (305)416-6800

Phone Fax Number

: (305)416-6811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 660 CRANDON, LLC

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ADAMS GALLINAR PA

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## **COVER LETTER**

	legistration Se livision of Cor			
~********		n, LLC		
SUBJECT	···	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Diane M. Hernandez		
			Name of Person	
		Adams Gallinar, P.A.		for filing.  following:  Name of Person  Firm/Company  Address  /State and Zip Code  sed for future annual report notification)  at (
		Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:    Diane M. Hernandez		
		1000 Brickell Avenue, Sui	Indice(s) are submitted for filing.  Iming this matter to the following:  Hernandez  Name of Person  allinar, P.A.  Firm/Company  kell Avenue, Suite 300  Address  Orida 33131  City/State and Zip Code  z@agilaw.com  E-mail address: (to be used for future annual report notification)  matter, please call:  at (305 / Area Code Daytime Telephone Number)  mount:  Filing Fee & Cate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  SS:  STREET/COURIER ADDRESS:  Registration Section Division of Corporations	
		Miami, Florida 33131		
			City/State and Zip Code	
				ification)
For further	r information c	oncerning this matter, please of	all:	
Diane M.	Hernandez		305 416-6800 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00	) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTICLES O	F AMENDMENT	and assigneds
	ТО	2 3
ARTICLES OF	ORGANIZATION	To the state of th
	OF	300 m ( )
660 CI	RANDON, LLC	
(Name of the Limited Liability Cou	npany as it now appears on our recorded Liability Company)	<u>(ds.)</u>
(A rionua Linui	ed tradinty Company)	1990 E
The Articles of Organization for this Limited Liability Compa	any were filed on 06/22/2012	and assigneds
Florida document number L12000084495	<u></u>	O.
riorida document flumber		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" 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	l office address on our record	is, enter the name of the new
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	6	
	Enter Florida street addre	255
	, F	lorida
<del></del>	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

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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	Type of Action
MGR	Eric Soulavy	240 Crandon Blvd.	□ Add
		Suite 250	□ Remove
		Key Biscayne, Florida 33149	Change
MGR	Cristina Behrens	240 Crandon Blvd.	
		Suite 250	□ Remove
		Key Biscayne, Florida 33149	Change
			D Add
			□ Remove
			CRINGE CRINGE TO AND A CONTROL OF THE CONTROL OF
			Change 22
			□ Remove
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fan effective d <u>Note:</u> If the o	te, if other than the ate is listed, the date must late inserted in this blo fective date on the De	t be specific and cook does not me	annot be prior to et the applicab	date of filing or mo e statutory filing	re than 90 days after	ional) er filing.) Pursuant is date will not b	to 605.0207 (3)( ne listed as the
e record s The 90th	pecifies a delayed day after the reco	effective da ord is filed.	te, but not a	an effective ti	me, at 12:01	a.m. on the	earlier of:
		<del></del>	2015				
Dated May 5							
Dated May 5		Had	resul	_			

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