

Division of Corporations

Page 1 of 2

**L12000101494**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**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.

((H18000175256 3)))



H180001752563ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : HUNT & GROSS, P.A.  
 Account Number : 120010000038  
 Phone : (561) 997-9223  
 Fax Number : (561) 969-8993

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

Email Address: Armando@Caval.com

RECEIVED  
 2018 JUN 11 PM 4:59  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LIBERTY NW 79TH ST LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

FILED  
 18 JUN 11 AM 8:12  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

((H18000175256 3)))

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIBERTY NW 79TH ST 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:

ARMANDO PEREZ-ROURA

Name of Person

CAVAL Real Estate Management

Firm/Company

1553 San Ignacio Avenue

Address

Coral Gables, FL 33146

City/State and Zip Code

armando@caval.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO PEREZ-ROURA

at ( 305 )

447-1196

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

((H18000175256 3)))

((H18000175256 3)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LIBERTY NW 79TH ST LLC

(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 August 7, 2012 and assigned  
Florida document number L12000101494

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

City, Florida 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

((H18000175256 3)))

((H18000175256 3)))

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H18000175256 3)))

(((H18000175256 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add the following Article VII:

The Limited Liability Company will be Manager-Managed. Except as otherwise provided by Florida law, each Manager of the Company, acting alone, shall have the power and authority to bind the Company for all purposes.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

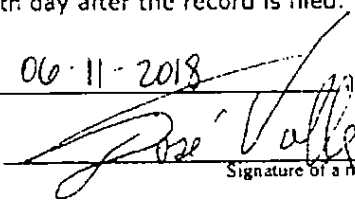
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

06-11-2018



Signature of a member or authorized representative of a member

JOSE VALLE

Typed or printed name of signee

(((H18000175256 3)))