baitenent 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.

(((H20000341946 3)))



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 : GUZMAN & GUZMAN, P.A

Account Number : I20080000090

: (305)670-1991

Fax Number

: (305)670-1993

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATHOS BISCAYNE BAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATHOS BISCAYNE BAY LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000115523</u>	were filed on <u>09/10/2012</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	255 Aragon Ave Second Floor			
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Fl 33134			
Enter new mailing address, if applicable:	255 Aragon Ave Second	Floor		
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Fl 33134			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registere		
Name of New Registered Agent:	<u> </u>			
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.

To:

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
-			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			☐ Change

	······	·				
			<u> </u>			
						
						_
·····	,					
	•			,		•
			•••			
						
			- ***•			
	<u> </u>					-
						_
						-
	-					-
			· · · · · · · · · · · · · · · · · · ·			-
						-
						-
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	is block does not i	meet the applica	to date of filing or mable statutory filin	(optione :han 90 days after g requirements, thi	onal) r filing.) Pursuant to 60 s date will not be lis	5.0207 (ted as t
e record specifies a delayed effe rd is filed.	ctive date, but no	t an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day afti	er the
		2020				
October 1		' 	•			
Dated October 1		11 -				
Dated	Signature of a	Alberta or nuther	rized representative	of a member		