L12000120159

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JUN 2 6 2019 S. YOUNG

COVER LETTER

TO: Registratio Division of	n Section Corporations		
OF UNITED BY	VA B #301, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	JOSE R. ROBLES.		
		Name of Person	
	4560 NW 107 Av. apt 203	Firm/Company	
	DORAL, FL 33178	Address	
	rrobles@sinergiacala.net	City/State and Zip Code	
		to be used for future annual report noti	ficution)
For further information	on concerning this matter, please co	nll:	
JOSE R. ROBLES		011504 9985-3255 at ()	
Nai	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check f	or the following amount:		
S25.00 Filing Fee	e □ \$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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPTIVA B #501, LLC			
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L12000120159	pany were filed on and assigned and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	757 76		
Principal office address MUST BE A STREET ADDRESS	SV		
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 l	d office address on our records, <u>enter the name of the r</u> <u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flavala street address		
	Enier r torida street address		
	Florida		
New Registered Office Address:	Enter Florida street address Florida City Zin 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

MGR = Manager AMBR = Authorized Member						
<u>itle</u>	<u>Name</u>	Address	Type of Action			
IGR	CHRISTEL O. HESSE	4560 NW 107 AV, APT 203 DORAL, FL. 33178	Add			
			□ Remove			
			Change			
		 				
			Remove			
			Change			
		· · · · · · · · · · · · · · · · · · ·	Remove			
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☐ Remove

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aniending any other anion	nation, enter change(s) here: (Attach additional sheets, if necessary	·· <i>)</i>
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ote: If the date inserted in this	he date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing, block does not meet the applicable statutory filing requirements, this date Department of State's records.	.) Pursuant to 605.0207
e record specifies a delay The 90th day after the r	red effective date, but not an effective time, at 12:01 a.m. ecord is filed.	on the earlier of
JUNE 11	, 2019	
	Signature of a member	
JOSE ROBERTO RO	DBLES	

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Filing Fee: \$25.00