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COVER LETTER

Divis	sion of Cor	porations		
SUBJECT:	COSTA	VERDE 9937 29 TERR, LLC		
, o b o b o b o b o b o b o b o b o b o		Name of Limi	ted Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return a	all correspo	ndence concerning this matter t	to the following:	
		Manny Diaz, CPA		
			Name of Person	 _
		Sachs Diaz & Diaz, P	L	
	Name of Limited Liability Company re enclosed Articles of Amendment and fee(s) are submitted for filing. rease return all correspondence concerning this matter to the following: Manny Diaz, CPA			
Sachs Diaz & Diaz, PL Firm/Company 2850 S. Douglas Road. Suite 302 Address Coral Gables, FL 33134 City/State and Zip Code manny@sfmia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		2850 S. Douglas Road	d. Suite 302	
		Coral Gables, FL 331	34	
			City/State and Zip Code	
		· -		
		E-mail address: (1	o be used for future annual report notific	cation)
For further inf	formation co	oncerning this matter, please ca	II:	
Manny D	Diaz			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fil	ling Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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

COSTA VERDE 993	7 29 TERR, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	11/05/2012	and assigned
Florida document numberL12000140273			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDRESS)			
			T JUL 24 PH 3: 1- T the name of the new
Enter new mailing address, if applicable:			T
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	里 2
			- بن الله
D. M. Const. P. M. Const. D. Const. M. Const. D. Const.	cat I I		GH.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		our records, ente	r the name" of the new
	_		
Name of New Registered Agent:			
New Registered Office Address:			
registered office Address.	Enter Flori	da 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	Type of Action
MGR	Isabel Docal	16445 Collins Avenue, Unit WS-2B	Add
		Sunny Isles Beach, FL 33160	Remove
			Change
			Add
			Remove
			□ Change
			Change Change Change Change Change Add Add
			Change
			Remove
			Change
			Remove
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		 	□ Add
			Remove
			□ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	——————————————————————————————————————
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_	17 JUL 24 PH 3: 18 DIVISION OF Chicago Michigan
_	<u> </u>
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_	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _.	
	Signature of a member of authorized representative of a member
	Carlos Doca/ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00