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COVER LETTER

TO:

Registration Section

Divis	ion of Cor	porations			
SUBJECT:	RIMINI	BEACH 8911 COLLINS AVE	E #205, LLC		
_		Name of Limi	ited Liability Company	1	
The enclosed a	Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return a	II correspo	ndence concerning this matter	to the following:		
		Manny Diaz, CPA			
			Name of Persor	1	
		Sachs Diaz & Diaz, F	PL		
			Firm/Company		
2850 S. Douglas Roa			d, Suite 302	Iβ	
			Address		
		Coral Gables, FL 331	134		
			City/State and Zip C	Jode	
		manny@sfmia.com E-mail address: (1	to be used for future ar	nual report notil	fication)
For further inf	ormation co	oncerning this matter, please ca	all:		
Manny D	iaz		305	446-9700	
Name of Person		at (Area Code) Daytime	e Telephone Number	
Enclosed is a c	check for th	e following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Copy (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	Reg Divi Cliff 266	REET/COURI istration Section ision of Corpor ton Building I Executive Ce ahassee, FL 32	rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2017 No.	
2017 111 21	
SLUME PH 1:3	,

RIMINI E	BEACH 8911 CO	LLINS AVI	E#205, LLC /467	Of PARCY OF
(<u>Name of the Limited Liabit</u> (A Florid	lity Company as i la Limited Liability	Company)	on our records.)	HASSEE, FLORID,
The Articles of Organization for this Limited Liability (Florida document numberL12000140646	Company were	filed on	11/05/2012	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability c	 ompany he 	r <u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Cor	pany," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		address on	our records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
The state of the s	-	Enter Flori	da street address	
			, Florida	
	C	ity		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete perfo agent as provid red office addr	rmance of a led for in C	my duties, and I am hapter 605, F.S. Or	familiar with and t, if this document is
		· l		

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 Address <u>Title</u> <u>Name</u> Type of Action MGR Isabel Docal 16445 Collins Avenue, Unit WS-2B **■** Add Sunny Isles Beach, FL 33160 ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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35. 3	
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 (Control of the date inserted in this block date in the date of the date inserted in this block date in the date of the the dat	
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.	ne
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 July 10 . 2017.	
Signature of a member or authorized representative of a member	
Carlos Docal Typed or printed name of signee	
Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00