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Office Use Only



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CON 11 YOUR

COVER LETTER

Division of Corp			
SUBJECT: NINE	1406, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Nicole Belliz	zi	
		Name of Person	
		Firm/Company	
	13721 SW 1	03 Avenue	
		Address	
	Miami, Floric	da 331⁄76	
		City/State and Zip Code	
	NBELL E-mail address: (to	122100 amail (0 o be used for future almaal report notificati	
For further information co	oncerning this matter, please cal	11:	
Nicole Belliz	zzi	at (305) 904 - a	8 55 1 2
Name of	Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	e following amount:		7
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOSCANO 623N, LLC	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	ability Company were filed on January 22, 2013 and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	or registered office address on our records, enter the name of the new
New Registered Office Address:	13721 SW 103 Avenue 3 1
	Enter Florida street address Miami, Florida 33 Florida City
New Registered Agent's Signature, if changing F	tegistered Agent:
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability change.

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action** lleana D. Villarroel **MRG** 13721 SW 103 Avenue, Miami, FL 33176 ■ Remove Nicole Bellizzi MRG 13721 SW 103 Avenue, Miami, FL 33176 ☐ Remove ☐ Remove _□ Add ☐ Remove _□ Add ☐ Remove

		
<u>——</u>	··	
The effective	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after	
	s document is filed by the Florida Department of State)	
130404		
Dated		
Dated	Signature of a member or authorized representative of a member	
Dated	Signature of a member or authorized representative of a member NIOLE BELLIZZI	

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Filing Fee: \$25.00

