

8/16/2021

# L130000014998

Florida Department 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.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : 12000000205  
Phone : (305)416-6800  
Fax Number : (305)416-6811

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jose@agi-ra.com

2021 AUG 16 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PTH 900 BISCAYNE UNIT 3607, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

153 @ 117/21

ARTICLES OF AMENDMENT (((H21000308155 3)))  
TO  
ARTICLES OF ORGANIZATION  
OF

PTH 900 BISCAYNE UNIT 3607, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 29, 2013 and assigned Florida document number L13000014998

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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.*

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:

(((H21000308155 3)))

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>     | <u>Type of Action</u>                   |
|--------------|----------------------|--------------------|---|
| MGR          | Yepes, Diego Ignacio | 1800 SW 1st Avenue | <input checked="" type="checkbox"/> Add |
|              |                      | Suite 601          | <input type="checkbox"/> Remove         |
|              |                      | Miami, FL 33129    | <input type="checkbox"/> Change         |
|              |                      |                    | <input type="checkbox"/> Add            |
|              |                      |                    | <input type="checkbox"/> Remove         |
|              |                      |                    | <input type="checkbox"/> Change         |
|              |                      |                    | <input type="checkbox"/> Add            |
|              |                      |                    | <input type="checkbox"/> Remove         |
|              |                      |                    | <input type="checkbox"/> Change         |
|              |                      |                    | <input type="checkbox"/> Add            |
|              |                      |                    | <input type="checkbox"/> Remove         |
|              |                      |                    | <input type="checkbox"/> Change         |
|              |                      |                    | <input type="checkbox"/> Add            |
|              |                      |                    | <input type="checkbox"/> Remove         |
|              |                      |                    | <input type="checkbox"/> Change         |

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