# L13000015520

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D. PRUCE

## **COVER LETTER**

TO: \*\* Registration Section
Division of Corporations

SUBJECT:

# 4404-N BISCAYNE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfredo Cabral

Name of Person

Alfredo E. Cabral P.A.

Firm/Company

250 NE 25th Street, Suite # 1709

Address

Miami, Florida 33137

City/State and Zip Code

ac.cpa@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredo Cabral

ູ<sub>, (</sub>305 ຽ**926-572**4

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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

### 7

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

44U4-N BISCAYNE LLC				
(Name of the Limited	A Florida Limited I	ny as it now appears on our re Liability Company)	<u>cords.</u> )	
The Articles of Organization for this Limited L Florida document number <u>L13000015520</u>	iability Company	were filed on 01/30/2013	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and end wi"L.L.C."	ith the words "Lim	ited Liability Company," the des	ignation "LLC" or the abbreviatio	
Enter new principal offices address, if appli-	cable:	250 NE 25th Street		
(Principal office address MUST BE A STREE		Suite # 1709		
		Miami, Florida 33137		
Enter new mailing address, if applicable:			NOV 8	
(Mailing address MAY BE A POST OFFICE BOX)			TO TO IT	
B. If amending the registered agent and registered agent and/or the new registered of			ls, enter the name of the nev	
Name of New Registered Agent:	Alfredo Cal	bral		
New Registered Office Address:	250 NE 25	th Street, Suite # 1709		
		Enter Florida street address		
	Miami	, F	lorida <u>33137</u>	
		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 608, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MOUNT INVESTMENTS CAPITAL, INC.	7540 SW 59 COURT # 30	Add
		MIAMI, FL 33143	Remove
MGR	Avdira Capital Investments LLC	250 NE 25th Street	
	•	Suite # 1709	Remove
		Miami, Florida 33137	_
<del></del>		<del></del>	Add
			Remove
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			NOV 18 Add 1
		LORIDA PARTE	Remove
	<del> </del>		Ađd
			Remove

D.	If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•	N/A
)a	ted N	November 15 /2013 /
		Ollas Volal
		Signature of a member of authorized representative of a member
		Alfredo Cabral
		Typed or printed name of signee

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Filing Fee: \$25.00

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