113000)40583

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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JUM 25 76.7 J. HARRIS

COVER LETTER

SUBJECT:	BISCAYNE 11750 LLC
SUBJECT:	. Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all c	correspondence concerning this matter to the following:
	MARC MANI
	Name of Person
	BAABA CONSULTING
	Firm/Company
	201 S BISCAYNE BLVD SUITE 2800
	Address
	MIAMI FL 33131
	City/State and Zip Code
	MMANI@BAABACONSULTING.COM
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
MARC MANI	786 985-7336 at ()
-	Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)



May 18, 2018

MARC MANI BAABA CONSULTING 201 S BISCAYNE BLVD SUITE 2800 MIAMI, FL 33131

SUBJECT: BISCAYNE 11750 LLC Ref. Number: L13000040583

We have received your document for BISCAYNE 11750 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

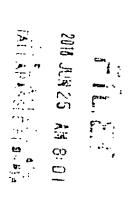
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00010443





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	YNE 11750				
(Name of the Limited Liah (A Flor	pility Compan ida Limited Li	y as it now appears on our record ability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability	Company v	were filed on03/18/2013	· · · · · · · · · · · · · · · · · · ·	_ and a	ssigned
Florida document number 1.13000040583	·				
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liabil	ity company here:			
N/A					
he new name must be distinguishable and contain the words "1.	imited Liabilit	y Company," the designation "LLC	or the abbre	viation "	llC."
Enter new principal offices address, if applicable:		413 NE 191ST ST UNIT 205	<u>51</u>	~>	
<u>Principal office address MUST BE A STREET ADL</u>	DRESS)	MIAMLEL 33179	<u> </u>	-	4.2
·			13 m		What
			75 (7) (7)	<u>8</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		413 NE 191ST ST UNIT 205		٠٠ <u>٠</u> <u>کت</u>	1 : :
		MIAMI FL 33179			
			*		
3. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: BAA			<u> </u>		e of th
201	Name of New Registered Agent.				
New Registered Office Address: 201	2 RISCAAN	E BLVD SUITE 2800 Enter Florida street addres.	· · · · · · · · · · · · · · · · · · ·		•
MIA	AMI .	Florida 33131			
<u></u>		, F10	orida <u>*******</u>	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 addition removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FETSABEL HOLDING LLC	413 NE 191ST ST UNIT 205	_ ■ Add
		MIAMI FL 33179	Remove
			☐ Change
MGR	RIAD BELARBI	413 NE 191ST ST UNIT 205	■ Add
		MIAMI FL 33179	☐ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
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			□ Change

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Filing Fee: \$25.00