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(((H19000057063 3)))



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

From:

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

1050 @ agi-ra.com Email Address:\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-900 BISCAYNE UNIT 6103, LLC

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		COVER LETTER	(((H19000057063 3)))
TO: Registration Division of C	Section orporations		
000 5			
SUBJECT:	ayne Unit 6103, LLC Name of L	imited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are st	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following	
	Jose M. de la O		
		Name of Person	
	AGI Registered Agents,	Inc.	
	1000 Brickell Ave., Suite	Fitny/Company c 300	· <u> </u>
	Miami, FL 33131	Address	
	jose@agi-ra.com	City/State and Zip Code	
		(to be used for future annual report notifi	cation)
	concerning this matter, please	cail:	
Jose M. de la O	······································	305 416-6800	
Naine	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	JING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

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ADAMS GALLINAR PA

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 900 Biscayne Unit 6103, 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 03/19/2013 \_\_ and assigned Florida document number L13000041296 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PTH 900 Biscayne Unit 6103, LLC The new name must be distinguishable and contain the words "Lintited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST RE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 515 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cin 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

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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			(((H19000057063 3)))
<u>Title</u>	Name	Address	Type of Action
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			C Remove
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<u>_</u>			🗆 Add
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D. If amen	ding any o	ther information, enter ch	ange(s) here: (Attach additional sheets, if	necessary.)	
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F. Fifssting					

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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.

2019	
TAAL	
13/1/ WWA	
Signature of a member or authorized representative of a member	<u> </u>
s, Authorized Person	
	Aghanire of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00