Florida Department of State Division of Comporations Labetrenic Willing Caver 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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| Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. | | | | | |
|--|--|----------|--|--|--|
| To: | | | | | |
| | Division of Corporations Fax Number : (850)617-6383 | <u>:</u> | | | |

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : [20080000090 Phone : (305)670-1991 Fax Number : (305)670-1993

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

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| ail. |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDGEWATER CONDO, LLC

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

3. **38**5.11

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTICI | LES OF ORGANIZATION | 20 |
|--|---|---------------------------|
| spor | OF | 2019 MAY |
| | | |
| EDGEWATER CONDO, LLC | | |
| (Name of the Limited L | lability Company as it now appears on our records.) Torida Limited Liability Company) | |
| | 05/03/2013 | |
| The Articles of Organization for this Limited Liabil | lity Company were filed on 65/05/2015 | and assigned |
| Florida document number L13000065403 | | 28 - 28 |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e 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 | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| | | of the more |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, <u>e</u> <u>e address here</u> : | nter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| - | City , Floric | la |
| | | |

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

From: Paola Sanchez

Fax: 17864757424 To:

Fax: (850) 617-6383 Page: 4 of 5 05/03/2019 3:58 PM

If amending Authorized Person(s) authorized to manage, enter the title, game, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------------|-----------------------|----------------|
| MGR | EDUARDO ARRIAGADA | 9130 \$ DADELAND BVLD | Add |
| | | SUITE 1509 | □ Remove |
| | | MIAMI FL 33156 | |
| | | | □ Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
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| | | | |
| | | | □ Remove |
| | | | Change |

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 flight.

Dated APRIL 23

2019

SOLARI, MARIO F

Typed or printed nums of signee

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1019 MAY -3 AM 9: 28