

L13000083002

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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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

From:

Account Name : SNYDER GROISMAN P.A.
Account Number : I20120000060
Phone : (786)899-2880
Fax Number : (786)899-2890

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

Email Address: _____

2015 JUL 10 AM 8:34

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15 JUL 13 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAY HARBOR ISLAND I LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 14 2015
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY HARBOR ISLAND I, 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:

MYLES MOCEGA

Name of Person

SNYDER GROISMAN, P.A.

Firm/Company

21500 BISCAYNE BLVD. SUITE 401

Address

AVENTURA, FL 33180

City/State and Zip Code

MYLES@SNYDERGROISMAN.COM

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

For further information concerning this matter, please call:

MELISSA GROISMAN

Name of Person

at (786)

Area Code

899-2880

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)

☐ \$60.00 Filing Fee,
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



July 13, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BAY HARBOR ISLAND I LLC
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131

SUBJECT: BAY HARBOR ISLAND I LLC
REF: L13000083002

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You should send LLC amendment form

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

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

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H15000168503
Letter Number: 315A00014546

2015 JUL 13 AM 8:34
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

RECEIVED
15 JUL 13 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 BAY HARBOR ISLAND I, LLC and assigned Florida document number L13000083002.

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:

20900 NE 30TH AVE, SUITE 510

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

20900 NE 30TH AVE, SUITE 510

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

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:

SNYDER GROISMAN P.A.

New Registered Office Address:

21500 BISCAYNE BLVD. SUITE 401

Enter Florida street address

AVENTURA

City


, Florida

33180

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.


Signature of New Registered Agent, if changing

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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2015 JUL
SHORE
FALLS

2015 JUN 10 AM 8:34

Dated JULY 9 , 2015

[Handwritten signature]

Michel Leibovich
Typed or printed name of signer