## L13006084366

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## COVER LETTER

	tration Sec on of Corp					
	063 Bise	cayne, LLC				
SUBJECT: _		Name of Limi	ted Liability Company			
77	4' 1 0					
The enclosed A	aticles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return al	l correspor	ndence concerning this matter	to the following:			
		Cara-Jenna Kronenç	gold, Esq.			
			Name of Person			
		Cara-Jenna Kronenç	gold, P.A.			
			Firm/Company			
		19950 W. Country C	lub Drive, Ste 900			
			Address			
		Aventura, FL 33180				
		ckronengold@nuovo	City/State and Zip Code grup.com			
		E-mail address: (t	o be used for future annual report notificati	on)		
For further info	rmation co	ncerning this matter, please co	all:			
Cara Krone	ngold		305 466-1810	ue-		
	Name of	Person	at (	elephone Number		
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Enclosed is a ch	neck for the	e following amount:		HASS	5 3 3 E	a de la compansión de l
□ \$25.00 Filin	g Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	O\$60.00 Filing of Certificate of Certified Cog (addition of Certified Cog (addition of Certified Certified Cog (addition of Certified Ce	Status &	sed)

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

## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

	$\mathbf{OF}$
2063 Bisca	ayne, LLC
(	Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
(	(A Florida Limited Liability Company)

and assigned Florida document number L13000084360. 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1820 N.E. 1632 Street, Ste. 100 North Miami Bch., FL 33162 Enter new mailing address, if applicable: 1820 N.E. 163-2 Street, Stc. 100 (Mailing address MAY BE A POST OFFICE BOX) North Miami Ben. FL 33162 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: New Registered Office Address: Enter Florida street address City 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elias Amkie Levy	19950 W. Country Club Drive, Ste 900	Add
		Aventura, FL 33180	Remove
MGR	Elias Cababie Daniel	19950 W. Country Club Drive, Ste 900	
		Aventura, FL 33180	Remove
MGR	Abraham Cababie Daniel	19950 W. Country Club Drive, Ste 900	Add
		Aventura, FL 33180	Remove
MGR	Jaime Dayan Tawil	19950 W. Country Club Drive, Ste. 900	Add
		Aventura, FL 33180	Remove
MGR	Paramount C-101, Inc	EE, P. Stein, FS.	<u>, — 1100</u>
	·	1820 N.E. 163rd Street Scite 100	Remove
		North Miami Beh., FL 33	<u>51</u> 62
<del></del>			Add
			Remove

<del></del>	
d <u> </u>	-cust 9 , 2013 /
	Signature of a member or authorized representative of a member  Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIO