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COVER LETTER

TO: Registration Sec. Division of Cor.				
	HOUSE 1402 LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael D. Morelly, Esq.			
•		Name of Person		
.`		Firm/Company		
	P.O. Box 402683			
		Address		
	Miami Beach, Fl 33140			
	carloslopezposeidon@iclou	City/State and Zip Code	SECRETAR 2	17
	E-mail address: (to be used for future annual report notification	ation)	
For further information c	oncerning this matter, please c	all:		(-
Michael D. Morelly		305 414-8650 at ()		
Name o	f Person		elephone Number	
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALTUS HOUSE 1402 LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L13000092943</u> .	on 06/28/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	SE 20
3. If amending the registered agent and/or registered office addresestered agent and/or the new registered office address here:	ess on our records, enter the hame of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	Ę s cr
New Registered Office Address:	
En	ter Florida street address

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.

City

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	LOPEZ, CARLOS A	7316 SW 48 ST, MIAMI, FL 33155	
			■ Remove
			Change
MGR	Carlos Alberto Lopez Lopez	7316 SW 48 ST, MIAMI, FL 33155	🖪 Add
<i>:</i>			Remove
			Change
MGR	ANDREINA BOLIVAR, SASHA	7316 SW 48 ST, MIAMI, FL 3315.5	
			Remove Change
MGR	Sasha Andreina Bolivar Fraiz	7316 SW 48 ST, MIAMI, FL 3315\$	ARY OF Add SEEE,
			Remove
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Note:	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional days after filin nents, this dat	o i Pur	suant to not be	605.0207 (listed as t
he red The	cord specifies a delayed effective date, but not an effective time, at 90th day after the record is filed.	12:01 a.m	. on t	:he ea	rlier of:
Dated	July 25, 2017				
	Signature of a member or antibrized representative of a member	ê ; []	Mi		4 PO)
	Carlos Alberto Lopez Lopez, Trustee by Michael D. Morelly, Esq., as his attorno			`~	,
		y in fact			

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Filing Fee: \$25.00