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(Re	questor's Name)	
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COVER LETTER

	ration Secti on of Corpo				
eub ie <i>e</i> e	C.A.E. 154	170 LLC			
SUBJECT: _	 	Name of Limi	ted Liability Company		
The enclosed A	rticles of Ar	mendment and fee(s) are subr	nitted for filing.		
Please return al	l correspond	lence concerning this matter t	to the following:		
		Pedro F. Martell, Esquire			
			Name of Person		-
		Pedro F. Martell, P.A.			
			Firm/Company		-
		9485 S.W. 72nd Street, Sui	ite A-265		
			Address		-
		Miami, Florida 33173			
			City/State and Zip Code		-
		E-mail address: (t	o be used for future annual rep	ort notification)	
For further info	rmation con-	cerning this matter, please ca	dl:		
Pedro F. Marte	-11		305 275-0		
	Name of P	erson	at () Area Code	Daytime Telephone Number	
Enclosed is a ch	neck for the	following amount:			
■ \$25.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

MAILING ADDRESS:

TO:

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

·	A.E. 15470 LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number 113000099290	pany were filed on 07/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	35)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	20 PH 2
	Florida	∴ Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	<u> </u>

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

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>	Address	Type of Action
MGR	CARLOS A. ESPINOSA	2085 Arch Creek Drive North Miami, FL 33181	Add
			■ Remove
			☐ Change
MGRM	LAZARO ESPINOSA	1743 W. 62 Street Hialeah, FL 33012	■ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
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			7 050
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ote: If ocumer reco The 9	rd specifies a delayed effe Oth day after the record i NOV, 12	s filed.		18 (AL)
ote: If ocumer e reco	rd specifies a delayed effe Oth day after the record i NOV, 12	2018		ASS

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