## L[3000]37270

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SECRETARY OF STATE
ALLAHASSEE, FIRBLE

NOV - 4 2013

T. BROWN

## COVER LETTER

TO: Registration Section Division of Corporations

## AVENTURA ISLES 949, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Danilo Jimenez

at (305) 932-6262

Name of Person

Area Code & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I3 NOV-1 PM 3: 25

TALLAHASSEE. FLORIDA

AVENTURA ISLES 949, LLC

(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 09/27/2013	and assigned
Florida document number L13000137270	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	William to Brown to the second
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on our records, ddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
	, Flo	rida Zip Code
	Cuy	zip Coae

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>	Name	Address	Type of Action
MGR	S & A Company Management, LLC	2875 NE 191st Street, Suite 80	1
		Aventura, FL 33180	Remove
MGR	Dan Goldsmit	2875 NE 191st Street, Suite 80	
		Aventura, FL 33180	Remove
			_ Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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October 25th	2013	
*		

Typed or printed name of signce

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Filing Fee: \$25.00