## L13000141377

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
	AIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

	ration Sec on of Corp			
	unny Isles	304, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return al	l correspoi	ndence concerning this matter	to the following:	
		Nelson Medina Mateus		
			Name of Person	<del></del>
		e/o Karen Salinas		
			Firm/Company	
		300 Diplomat Parkway # 6	503	
			Address	
		Hallandale Beach, FL 330	09	
		-	City/State and Zip Code	
		PRODUCMEDINA@hotm		
		E-mail address: (	to be used for future annual report notif	fication)
For further info	rmation co	oncerning this matter, please c	all:	
Nelson Medina	ı Mateus		305 883.6238 at ( )	
	Name of	Person		e Telephone Number
Enclosed is a cl	heck for th	e following amount:		
<b>≡</b> \$25.00 Fili	ng 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)
	ng Address stration S		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor		
	Box 632		The Centre of T	
Tallahassee, FL 32314		2415 N. Monroe	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Section of the sectio

21 MAY 17 MM 8:59

Sunny Isles 304, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u>(ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on October 7, 2013	and assigned
Florida document number L13000141377	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, enter	r the name of the new registers
agent and/or the new registered office address here		the name of the new registere
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street addre	PAS
		lorida
	City	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.

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

The second second

21 MAY 17 AM 8: 59

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Carolina M. Coello Maduro	300 Diplomat Parkway #603	<b>=</b> Add
		Hallandale Beach, FL 33009	□Remove
			□ Change
AMBR	Nelson Medina	300 Diplomat Parkway #603	□Add
		Hallandale Beach, FL 33009	□Remove
		<del></del>	<b>=</b> Change
			□ Add
			Remove
			□ Change
<del></del>			□ Add
			🗖 Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

•		<b>;</b>	·
Ifameno	ding any other information, enter change(s) here: (Attach additional sheets, if necess	arv.)	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		21 MAY 17	
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Note: If	e date, if other than the date of filing:	ing.) Pursuant to 60	
he record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) i.	The 90th day aft	er the
Dated	May 11 2021		
	Signature of a member or authorized representative of a member		
	Nelson Medina Mateus		
	Typed or printed name of signee		

Filing Fee: \$25.00