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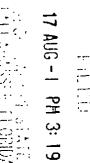
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S. WARREN AUG 0 3 2017

## **COVER LETTER**

107.	Division of C			
SUBJEC	PRIVE 6	03 LLC	İ	
SUBJEA		Name of Lin	ited Liability Company	
The encl	losed Articles (	of Amendment and fee(s) are sub	l mitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		OCTAVIO CARDOSO		
			Name of Person	
		NOTLYA HOLDINGS C	ORPORATION	
		<del></del>	Firm/Company	
		21301 POWERLINE ROA	AD SUITE 207	
			Address	
		BOCA RATON, FL 3343.	3	
		assistant@dnobilelaw.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	ner information	concerning this matter, please c	all:	
Diane N	labile		305 577 8911	
	Name	of Person	at () Aren Code   Daytime	Telephone Number
Enclosed	d 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)
	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Central Tallahassee, FL 32.	n itions nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PRIV	Œ 603 LLC		
(Name of the Lim	i <mark>ted Liability Compa</mark> (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited I lorida document number 1.13000144614	iability Company	were filed on 10.	/14/2013	and assigned
his amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name o	of the limited liab	ility company he	<u>:re</u> :	
ne new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	201 S. Biscayne Blvd., Suite 2650		
Principal office address MUST BE A STREA	E <u>T ADDRESS)</u>	Miami, FL 3313	30	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX)</u>		201 \$. Biscayne Miami, FL 3313	: Blvd., Suite 2650	
s. If amending the registered agent and egistered agent and/or the new registered of			our records, en	nter the name of the
Name of New Registered Agent:	Nobile Law Fir	m, P.A.		
New_Registered Office Address:	201 S. Biscayno	e Blvd., Suite 2650	)	
		Enter Flor	rida street address	
	Miami		, Florid	a 33130
		City		Zip Code
lew Registered Agent's Signature, if changing	Registered Agent:	I		

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

Page 1 of 3

	Authorized Person(s) authorized to r from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being ad
IGR = M MBR = A	anager uthorized Member	ı	
<u>itle</u>	<u>Name</u>	Address	Type of Action
<u></u> -			□ Add
			_ □ Remove
			Change
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If amending any other inform	ation, enter change(s) here: (Augeh)	additional sheets, if necessa	rjv.)
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(if an effective date is listed, the date mu	e date of filing:  st be specific and cannot be prior to date of filin lock does not meet the applicable statutor	(optional) g or more than 90 days after filing y filing requirements, this date	(J) Pursuant to 605,0207
the record specifies a delayed ) The 90th day after the rec	d effective date, but not an effect ford is filed.	ive time, at 12:01 a.m.	on the earlier of
Dated JULY 24	2017		
,	1		
	Signature of a member of authorized represen	itative of a member	<del></del>
/	LARA BEZERRA		-,
	Typed or printed name of sig	nce	<b>17</b> A
	Page 3 of 3		AUG -
	Filing Fee: \$25.00		
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			3: <b>19</b> *14.75 ************************************
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