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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STABBARD 27 UC 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:	
Name of Person	
WITER CORP	
Firm/Company 19370 COLLING AVE CUL. Address	
SUNNY IS US BISSON FL 33160 City/State and Zip Code	,
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (305) 321 0061 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee,} \\ 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

TO ARTICLES OF ORGANIZATION OF

LL C

(Name of the Limited Liability Com	pany as it now appears on our records.)
(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{03/27/2019}{2019}$ and assigned
Florida document number 2 1000051027.	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19370 COLLINS AVE EUL
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES BEACH FL 33160
	:
Enter new mailing address, if applicable:	40 LUMER PROPERTY MANAGEMENT
(Mailing address MAY BE A POST OFFICE BOX)	19370 COLLINS AVE CUI
• .	SUNNY ISUES BELLY FL
	33160
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	ere:
Name of New Registered Agent: LUTE	e coll.
New Registered Office Address: 19370	COLLINS AVE CUS
	Enter Florida street address
KUNUZ	ISUES BEART, Florida 33/60
	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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
116R	DAYAN, ALBERTO	14036WDME HWA	□ Add
		NORTH MIDTU FL 33161	₫ Remove
			Change
MOR	PITICOPU LLC	19370 COLLINS AVE CL	Add Add
		SUNNY ISLES BEACH FL	33 16 ♥ Remove
			Change
			Add
			Remove Change
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Filing Fee: \$25.00