

# #L14000109931

Florida Department of State  
Division of Corporations  
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1217 BLUE LAGOON, LLC

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K. SALY  
EXAMINER

MAY 19 2015



May 18, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

1217 BLUE LAGOON, LLC  
201 ALHAMBRA CIRCLE  
702  
CORAL GABLES, FL 33134

SUBJECT: 1217 BLUE LAGOON, LLC  
REF: L14000109931

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please disregard previous letter. You cannot file two documents under one fax audit sheet. You will need one for the amendment and one for the resignation of manager/member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000119086  
Letter Number: 015A00010319

RECEIVED  
15 MAY 18 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

415000119080

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

1217 BLUE LAGOON, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2015 MAY 15 AM 8:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 11, 2014 and assigned.

Florida document number L14000109931.

This amendment is submitted to amend the following:


- A. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

JEANNIE ESPINOSA, CPA, PA  
6020 BIRD ROAD, SUITE #2  
MIAMI, FLORIDA 33155

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.*

  
Signature of New Registered Agent

FILED

2015 MAY 15 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. Amending Authorized Person(s) authorized to manage:**

MGR = Manager

AMBR = Authorized Member

MGRM = Manager Member

**Type of Action**

☐ Add

☒ Remove

☐ Change

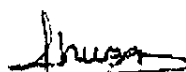
Title MGRM  
Name FRANCISCO SALVATORE  
Address 201 ALHAMBRA CIRCLE  
MIAMI, FLORIDA

**C. Effective date, if other than the date of filing: May 12, 2015**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

*Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*

Dated MAY 12, 2015



Signature of a member or authorized representative of a member

CLAUDIA B. GONZALEZ DE SALVATORE

Typed or printed name of signer