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SECRETARY OF STAFE FALLAHASSEE, FEORIDA

AUG 29 2014 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 10155 NW 9 CIR UNIT 4 501 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:
Victor K. Rones
Law Offices of Victor K. Romes, P.A.
16105 NE 18 Avenue PESS B. T. No. Michigan Beach At 33162 S. T.
City/State and Zip Code City/State and Zip Code City/State and Zi
For further information concerning this matter, please call:
Mame of Perfor at 305, 945-6522 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$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

10155 NW 9 CIR UNI	T4501,LL	C		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on ou ed Liability Company)	<u>ır records.</u>)		
The Articles of Organization for this Limited Liability Compa Florida document number 14100120581.	iny were filed on JUL	31, 2019	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and end with the words "Limited L	Liability Company," the design	ation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable:		<u>.</u>		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	ţ,	基公 3	
	***************************************		F 8	- Autoria
		, , , , , , , , , , , , , , , , , , ,	US 2	garantii garantii
Enter new mailing address, if applicable:		۲	\$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				grammy.
			5 7 75.	
			SE SE	
B. If amending the registered agent and/or registered		records, enter	the name of	f the new
registered agent and/or the new registered office address h	<u>iere</u> :			
N. CN. B. L. M.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	eel address		
	C'a.	, Florida	Zip Code	
	City		гір Соае	

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
49R	Eduardo A. Amorin	2820 SW 100 Ave	X Add
		MIaMI, FL 33165	□ Remove
		- Court	
			Add
			□ Remove
		<u> </u>	2014 AUS
•		,	25 SEE FEORIDA SEE
			🗖 Add
			Remove
			
.			Add
			□ Remove
			Add
			Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	•			
D E0				
(The ef	ctive date, if other than the date of filing:			
Dated	d Aug 21 , 2014.			
	Carmen Losada amoreir			
	Signature of a Member or authorized representative of a member Typed or printed name of signee		_	
	y special printed name of signed	IAE SE	201	
,	* *	EAHA	ZOTY AUG 2	and a
		ASS	25	P

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Filing Fee: \$25.00