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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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(Do	cument Number)	
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N. GARGER DECLUTERS.

COVER LETTER

	Registration Sect Division of Corpo			·
		CE #8206, LLC		·
SUBJEC	CT:	Name of Lim	ited Liability Company	·········
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
		lence concerning this matter	_	
		ALEJANDRO AGUILAR		
			Name of Person	
		MIAMI BUSINESS CON	SULTING, INC	
			Firm/Company	
		1101 BRICKELL AVE, SO	OUTH TOWER, 8TH FLOOR	
			Address	
		MIAMI, FL 33131		
		ALEJANDRO@US-MBC.	City/State and Zip Code	•
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information con	cerning this matter, please c	all:	
	NDRO AGUILAR		786 5105850 at ()	
	Name of I	Person		e 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

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

FILED

2015 DEC 14 PH 2: 15

VISTA TRACE #8206, LLC

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

The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed or	10/29/2014	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)	·····	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	0	s on our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
_		, Florida	
	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

Title Name

<u>Title</u>	Name	Address	Type of Action
MGR	ALEJANDRO AGUILAR	1101 BRICKELL AVE	□ Add
.		SOUTH TOWER, 8TH FLOOR	■ Remove
		MIAMI, FL 33131	
MGR	VILLANUEVA, ALEJANDRO D	50 BISCAYNE BLVD, UNIT 3303	Change
	-		Add
		MIAMI, FL 33132	☐ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
***************************************			Add
			Remove
			Change

_	
	. The second of
If an effect Note: 1	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
1 Dated _	DECEMBER 10TH 201
	Signature of a member or authorized representative of a member
	ALEJANDRO AGUILAR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00