

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



400302712214

08/21/17==01011==007 \*+30.00

17 AUG 21 AH 11: 35

S. WARREN AUG 2 2 2017

## **COVER LETTER**

	Registration Sed Division of Corp				
SURIFC	AVENTUR	A 527 LLC			
SOBJEC	'·	Name of Lim	ited Liability Company	<del></del>	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		JOAO PEDRO VOLZ			
			Name of Person	<del> </del>	
		VD&T INTERNATIONA	l.		
Firm/Company					
		150 SE 2ND AVE SUITE	505		
		·	Address	<del></del>	
		MIAMI, FL 33131			
			City/State and Zip Code	<del></del> _	
		management@vdtinternatio			
		E-mail address: (	to be used for future annual report notifi	cation)	
For further	er information co	oncerning this matter, please ca	all:		
JOAO PE	EDRO VOLZ		305 8781516 at ( )		
	Name of	Person	at ()	Telephone Number	
Englosed	ic a check for th	e following amount:			
		_		<b>5</b> 4 / 2 2 5 5 11 5	
□ <b>\$</b> 25.0	0 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVENTURA 527 LLC		
( <u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our records, ida Limited Liability Company)	)
The Articles of Organization for this Limited Liability Florida document number L14000172802	• -	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET AD	DRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	·
3. If amending the registered agent and/or registered agent and/or the new registered office ac		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		• •
	, Flor	ida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GEMMA TECHNOLOGY CORP.	trident trust wickhams cay	
		Road Town, Tortolla VG	Remove
			☐ Change
MGR	UDT CORPORATE SERVICES LLC	150 SE 2nd Ave.	
		Suite 505 miami, FL 33131	Remove
		miami, FL 33131	Change
			Remove
			Change
			□ Remove
			Change
			Remove
			7 Change
			62# AM
			Remove
		· · · · · · · · · · · · · · · · · · ·	S Change

		·						
		•						
		<del>-</del>						_
								_
			_	_				
								_
<del></del>								
								<del></del>
					· · · · · · · · · · · · · · · · · · ·			_
								_
Tective date, if o	ther than the date	of filing:	<del> </del>		(optio	nal)		
an effective date is lis ote: If the date ins	sted, the date must be spaced in this block d	pecific and cannot loes not meet the	be prior to date of applicable stati	tiling or more tha atory filing requ	in 90 days after f iirements, this (	lling.) Purs date will	suant to t not be I	605.020 isted a
ocument's effective	date on the Departi	ment of State's r	ecords.					
	es a delayed effor efter the record i		out not an eff	fective time,	at 12:01 a.	m. on t	:he ear	rlier c
The Sould day a	iter the record i	is illeu.						
	ТН	2017						
AUGUST 16		<u> </u>				<u>: •</u> :	17	
ated AUGUST 16				1 /		•	<b></b>	
ated AUGUST 16		no le	100	/ (	,	: • :	=	
AUGUST 16	Signs	ature of a member	or authorized rep	resentative w a m			AUG 2	<u></u>
	Signa EDRO VOLZ - VDT	11				17. 5 12. 12. 12.	J6 21 AH	0.971.5

Page 3 of 3

Filing Fee: \$25.00