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(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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D. BRUCE SEP 2 8 2016

COVER LETTER

TO:	Registration Division of C						
SUBJE		265 West 22 Court, LLC					
SODOL	<u></u>	Name of Limited Liability Company					
		of Amendment and fee(s) are sub pondence concerning this matter					
		Robert O. Schwarz					
			Name of Person				
		Samole Law Firm					
		9700 S. Dixie Highway, S	uite 630				
			Address	·			
		Miami, Florida 33156		2016 SEP			
			City/State and Zip Code				
		COLL NO 1					
For furth	ner information	t:-mail address: (a concerning this matter, please c	to be used for future annual report notificall:	To t			
Robert (O. Schwarz		305 670-5070	₩ 32 0810			
	Name	e of Person		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)			
	MAI	LING ADDRESS:	STREET/COURIE	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liab Florida document number L15000020978	oility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "Li	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	8325 SW 2nd Street	Misser 23 Pu
(Principal office address MUST BE A STREET)	ADDRESS)	Miami, Florida 33144	
		8325 SW 2nd Street	SP 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 33144	T1
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered of		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Name of New Registered Agent:	Robert O. Schv	varz	
New Registered Office Address:	9700 S. Dixic I	Highway, Suite 630	
		Enter Florida street addi	ress
	Miami	,,]	Florida <u>33156</u>
		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

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	Leonila Valdes	8325 SW 2nd Street	Add
		Miami, Florida 33144	□ Remove
MGR	Gerardo Ricardo de Armas	15400 SW 66 Street	□ Add
		Miami, Florida 33193	■ Remove
			Change
			Add
			□ Remove
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						34"		
_			September	22 2016				
E ffect fan eff	ive date, if other than the diective date is listed, the date must be	ate of filing e specific and	•		or more than 90 d	_ (optional) ays after filing.) I	ursuant to	605.0207
	If the date inserted in this bloc ent's effective date on the Dep				filing requireme	nts, this date w	ill not be	listed as
ne red The	ord specifies a delayed of 90th day after the recor	effective da d is filed.	ate, but no	ot an effecti	ve time, at 1	2:01 a.m. o	n the e	arlier o
	September 22		2016					
Dated	•							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00