## 11500027733

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	·····
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700277215087

09/21/15--01012--019 \*\*25.00

15 SEP 21 PH 3: 43
SECRETARY OF STATE
ATTACKS
SECRETARY OF STATE

SEP 28 2015 Y SULKER

## **COVER LETTER**

TO:		istration Sec ision of Corp		~ <b>é</b>	
SHR	JECT:	ALTA GRO	OUP 1400 BISCAYNE LLC		
300	JEC1.		Name of Lim	ited Liability Company	<del></del>
The e	enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return	all correspoi	ndence concerning this matter	to the following:	
			Jose L. Espinosa, Esq		
				Name of Person	
			Law Office of Patricia O. I	Espinosa, P.A.	
				Firm/Company	···
			2950 SW 27th Ave, #210		
				Address	
			Miami, Fl 33133		
				City/State and Zip Code	<del> </del>
			E-mail address: (	to be used for future annual report notific	cation)
For fi	urther in	nformation co	oncerning this matter, please ca	all:	
Jose	L. Espi	nosa, Esq.		305 448-5252 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclo	osed is a	check for th	e following amount:		
<b>⊞</b> \$	525.00 F	iling 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:

76

TO:

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

ALTA GROUP 1400 BISCAYNE LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company)	)
The Articles of Organization for this Limited Liability Compa	any were filed on 02/13/2015	and assigned
Florida document number L15000027733		
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 contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEP MARKET
Enter new mailing address, if applicable:		21 T
(Mailing address MAY BE A POST OFFICE BOX)		75 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	_ Enter Florida street address	
	Dla	rida
	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

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	<b>Type of Action</b>
MGR	1400 TRENTINO, INC.	2950 SW 27th Ave, #220	
		Miami, FI 33133	□ Remove
			☐ Change
MGR	RI 1400, INC.	2950 SW 27th Ave, #220	
		Miami, Fl 33133	Remove
MGR	1400 ALIHUEN INC	2950 SW 27th Ave, #220	ALLAHE
		Miami, Fl 33133	P 2 Remove
			The Reserved Company C
MGR	1400 ARCHIPLAN BAY ,LLC	2950 SW 27th Ave, #220	<b>3 5</b>
		Miami, Fl 33133	☐ Remove
			Change
		<del></del>	
		<del></del>	Remove
			☐ Change
			☐ Remove
			☐ Change

· ·	
	20. <b>15</b>
	CAHAS
	Sm +
	E, FLO
	© 7 F S
	P

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00