

L15000036783

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000190783 3)))



H170001907833A8C3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AUCKLAND PROPERTIES 009, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
 2017 JUL 20 PM 4:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED
 17 JUL 20 AM 11:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

S. WARREN
 Help
 JUL 21 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Auckland Properties 009, 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 Liability Company were filed on 02/26/2015 and assigned
Florida document number: L15000036783.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

FILED
17 JUL 20 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMIR = Authorized Member

Title	Name	Address	Type of Action
MGR	Aurand Holdings, LLC	1450 Brickell Avenue, 18th Floor	☒ Add
		MIAMI, FL 33131	☐ Remove
			☐ Change
MGR	NEW BERING INVESTMENTS LTD.	1450 Brickell Avenue, 18th Floor	☐ Add
		MIAMI, FL 33131	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
17 JUL 20 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. If amending an) other information, enter change(s) here: (Attach additional sheets, if necessary.)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

2. Effective date, if other than the date of filing: _____ (optional)

(If a: effective date is 18 or fewer calendar days after date of filing; _____ (optional)
b: effective date is 19 or more calendar days after date of filing; _____ (optional)

(If a: effective date is 18 or fewer calendar days after date of filing; _____ (optional)
b: effective date is 19 or more calendar days after date of filing; _____ (optional)

NOTE: If the date is listed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 7th 2017

$\rightarrow MP$

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Marla Pai le Lotoi Suiava

Typed or printed name of signor

FILED
17 JUL 20 AM 11:18
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FALL GUEST, FLORIDA