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.

(((H15000106993 3)))



H150001069933ABC1

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

: THERREL BAISDEN, P.A.

Account Number : I20140000065

Phone

: (305)371-5758

Fax Number

: (305)371-3178

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

Email Address: MNOSPER @ THENCE MICHON

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 8370 SW LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	S25.00

## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations		•
SUBJE	8370 SW	,LLC		
SUBJE	.01:	Name of Lim	ited Liability Company	<del></del>
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	etum all correspo	ndence concerning this matter	to the following:	
		MARK M. HASNER, ESC	<b>)</b> .	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		THERREL BAISDEN, P.A	۸.	
			Firm/Company	
		1 SE 3 AVENUE, STE 295	50	
			Address	
		MIAMI, FLORIDA 33131		
			City/State and Zip Code	
		mhasner@therrelbaisden.co E-mail address: (	m to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	व्याः	
Mark N	A. Hasner, Esq.		305 371-5758	
	Name o	f Person	at ()	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURI Registration Sectio	

MAILING 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

	T CLES OF C	AMENDMENT O ORGANIZATION OF	records.) and assigned	
- 8370 SW, LLC				}
· · · · · · · · · · · · · · · · · · ·	ted Liability Comp	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I. Florida document number L15000039268			and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	of the limited liab	bility company here:		•
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designatio	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	ahle.	1717 North Bayshore Di	ive	
Principal office address MUST BE A STRE		#3536		
X - Mesper Office man (33 MOOX P12/131101)	<u> </u>	Miami, Florida 33132		
D. 4				
Enter new mailing address, if applicable:	,			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
		<del></del>		
B. If amending the registered agent and registered agent and/or the new registered o			ecords, enter the name of the new	
Name of New Registered Agent:	Mark M. Hasne	er, Esq.		
New Registered Office Address:	One Southeast	Third Avenue, Ste 2950		
		Enter Florida street	address	
	Miami		Florida 33131	
	-	City	Z.p Code	
lew Registered Agent's Signature, if changing I	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 603, 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>	Name	Address	Type of Action
MGRM	Aldo Alcantara	1717 North Bayshore Dr. #3536	□ Add
		Miami, FL 33132	■ Remove
			Change
MGR	Mark M. Hasner	One Southeast Third Avenue, 2950	■ Add
		Miami, FL 33131	□ Remove
			Change
MGR	Aldo Alcantara	1717 North Bayshore Dr. #3536	
	,	Miami, FL 33131	☐ Remove
	·		20 Chapge
			Add T
		į.	Remove I
			□ Change ω
	-		□ Add
			☐ Remove
		·	☐ Change
<del></del>			
			B Remove
			Change

	<del></del>	<del></del>						-
					<u> </u>			-
								•
<del></del>						<u> </u>		_
								-
								•
						-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7						· · · <del>- · · · · · · · · · · · · · · · ·</del>	- F	ei.
							37.7.	\ 
							EFG	12 Hd
			<del></del>					. ك <sup>ن</sup>
				· · · · · · · · · · · · · · · · · · ·		·····	78 7	32
	<u></u>	<del></del>					<del>"</del>	_
								_
								-
	<del></del>		<del></del>				,	-
		<del></del>						_
ote: If the date	f other than the listed, the date me inserted in this live date on the	block does not i	meet the app	licable statutor	ug or more than S y filing require	(option) O days after fill ments, this d	al) ing.) Pursuant to 60 ate will not be lis	5.0207 ted as t
record spec The 90th day	ifies a delayon after the re	ed effective occurs filed.	/	not an effec	tive time, ai	: 12:01 a.r	n, on the earl	ier of:
iΛ.	My 1		, <u>Z</u> _(	1				
ted	ئار '							
ited		Simon	The same of the sa	thorized represe	Months of the second	has	<del></del>	

Page 3 of 3

Filing Fee: \$25.00