

L150000044903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

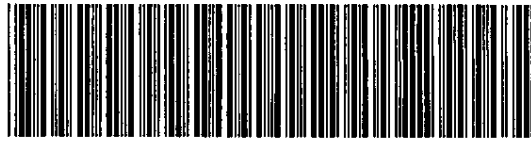
(Business Entity Name)

(Document Number)

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15 MAR 17 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 15 2015

T. BROWN

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3404 TO CLUB LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Mimi Bared**

\_\_\_\_\_  
Name of Person

**Bared & Associates, P.A.**

\_\_\_\_\_  
Firm/Company

**201 Alhambra Circle, Suite #601**

\_\_\_\_\_  
Address

**Coral Gables, FL 33134**

\_\_\_\_\_  
City/State and Zip Code

**mimi@baredlaw.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mimi Bared**

at ( **305** ) **666-6010**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed 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)

**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

**BARED & ASSOCIATES, P.A**  
ATTORNEYS AND COUNSELORS AT LAW

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201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134  
TELEPHONE-(305) 666-6010—FAX (786) 615-8945  
REALESTATE@BAREDLAW.COM

March 16, 2015

**VIA UPS NEXT DAY AIR NO. 1ZF498F70190235087**

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Subject: 3404 TO CLUB LLC name change to 904 TO CLUB LLC  
Re: L15000044903

Subject 3504 TO CLUB LLC name change to 1104 TO CLUB LLC  
L15000044904

Dear Sir/Madam:

Enclosed please find Articles of Amendment to Organization of 3404 TO CLUB LLC amending name to 904 TO CLUB LLC a Florida Limited Liability Company.

Enclosed please find Articles of Amendment to Organization of 3504 TO CLUB LLC amending name to 1104 TO CLUB LLC a Florida Limited Liability Company.

Also, enclosed is our firms check in the amount \$60.00, represent the filing fee and certificate of status for both files.

If you should have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

Ana M. Gonzalez  
AMG/amg  
Enclosures

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
15 MAR 17 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3404 TO CLUB 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 03/02/2015 and assigned  
Florida document number L15000044903.

This amendment is submitted to amend the following:

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

904 TO CLUB LLC

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

Enter new principal offices 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*

\_\_\_\_\_, **Florida** \_\_\_\_\_

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 12 2015

\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Pablo R. Bared, Esq. authorized representative**

\_\_\_\_\_  
Typed or printed name of signee