15000050123

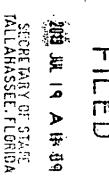
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Section 18

COVER LETTER

TO: Registration S Division of Co			
HARBOR SUBJECT:	WAY 143 LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARCELO A DIAZ		
	HARBOR WAY 143 LLC	Name of Person	
	6124 NW 74 AVE	Firm/Company	
	MIAMI, FL 33166	Address	
	marcelodiaz@brio.com.ar	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
MARCELO A DIAZ		305 507 4411 at ()	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

HARBOR WAY 143 LLC

The Articles of Organization for this Limited L Florida document number L15000050123	Liability Company	were filed on 03/19.	/2015 /SECRETARY OF STATE
This amendment is submitted to amend the fol	lowing:		· ii
A. If amending name, enter the new name of	of the limited liab	ility company here	:
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)		6124 NW 74 ave	
		MIAMI, FL 33166	5
Enter new mailing address, if applicable:		6124 NW 74 ave	
(Mailing address MAY BE A POST OFFICE	Tailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and registered agent and/or the new registered o			ur records, enter the name of the new
Name of New Registered Agent:	MARCELO A	DIAZ	
New Registered Office Address:	6124 NW 74 a	ve	
	Enter Florida street address		
	MIAMI		, Florida ³³¹⁶⁶
		Ciţ _y	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 I 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			Remove
			Change
			Remove
			Change
			Add
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			Change
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n effective date ite: If the da	is listed, the date must e inserted in this blo	be specific and cannot bek does not meet t	ot be prior to date o he applicable stat	f filing or more than 9 utory filing require	0 days after filing.) Poments, this date wi	ursuant to 605.020° Il not be listed as
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record spe The 90th d ded 07-15		Signature of a triemb	er or authorized rep	resentative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00