

Division of Corporations
Florida Department of State
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Electronic Filing Cover Sheet
L1500055337

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((H18000219820 3))



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

From:
Account Name : TORRES & VADILLO, LLP
Account Number : I20150000038
Phone : (305)485-9700
Fax Number : (305)436-0191

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

Email Address: corporations@svlawllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2485 GREEN GROVE, LIMITED LIABILITY COMPANY

Certificate of Status	0
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18 AUG - 1 PM 11:47
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2018 AUG - 1 AM 11:52

Division of Corporations
Florida Department of State

Electronic Filing Menu

Corporate Filing Menu

Help

#18000219820 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2485 GREEN GROVE, LIMITED LIABILITY COMPANY

(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 03/27/2015 and assigned Florida document number L15000055337.

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 offices address, if applicable:

11402 NW 41 STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE 202

DORAL, FLORIDA 33178

Enter new mailing address, if applicable:

11402 NW 41 STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 202

DORAL, FLORIDA 33178

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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:

SANCHEZ VADILLO LLP

New Registered Office Address:

11402 NW 41 STREET, 202

Enter Florida street address

DORAL

City

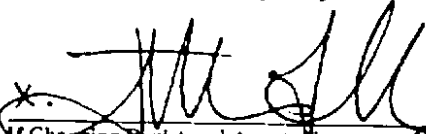
Florida

33178

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)

#18000219820 2

H18000219820 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HARRAKA, ELLAS R	2520 SW 22 STREET	<input type="checkbox"/> Add
		SUITE 2	<input type="checkbox"/> Remove
		MIAMI, FL 33145	<input checked="" type="checkbox"/> Change
MGR	ZAJLA, JORGE R	2815 DAY AVENUE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Change
MGR	MAURO C STANCHIERI	815 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		3 FLOOR	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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August 1, 2018

FLORIDA DEPARTMENT OF STATE

2485 GREEN GROVE, LIMITED LIABILITY COMPANY
2893 EXECUTIVE PARK DRIVE
SUITE 121
WESTON, FL 33331

SUBJECT: 2485 GREEN GROVE, LIMITED LIABILITY COMPANY
REF: L150C0055337

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III
Registration Section

FAX Aud. #: H18C00219820
Letter Number: 218A00015810

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