

L150000 94025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

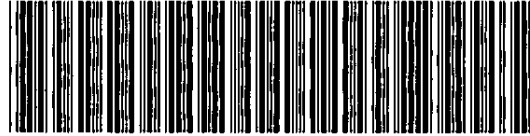
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 10 2015

J SHIVERS

LI5 0000 94025

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CORAL POINTE 604, 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:

LAURENT R. BENZAQUEN

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

AYAMAL FIFTY 5, LLC

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

990 BISCAYNE BOULEVARD SUITE 501

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33132

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

LAURENTBENZAQUEN@GMAIL.COM

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

For further information concerning this matter, please call:

LAURENT BENZAQUEN

305 763-8102

at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

L15000094025

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CORAL POINTE 604, 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 05/28/2015 and assigned  
Florida document number L15000094025.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

990 BISCAYNE BOULEVARD

STE 501

MIAMI, FLORIDA 33132

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

990 BISCAYNE BOULEVARD

STE 501

MIAMI, FLORIDA 33132

**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:

LAURENT R. BENZAQUEN

New Registered Office Address:

255 COLLINS AVENUE SUITE 1

*Enter Florida street address*

MIAMI BEACH

*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

CORAL POINTE 604, LLC

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

U5000094025

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SA INTER INVEST GROUP LLC	255 COLLINS AVENUE	<input type="checkbox"/> Add
		SUITE 1	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Change
MGRM	AYAMAL FIFTY 5, LLC	990 BISCAYNE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 501	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33132	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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15 DEC -9 AM 9:42  
SECRETARY OF STATE  
STATE DEPT  
WASHINGTON, D.C.

15 DEC -9 AM 9:42  
SECRETARY OF JAIL  
INTELLIGENCE FLORIDA

**Note:** If the date inserted 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.

Dated NOVEMBER 5, 2015

Signature of a member or authorized representative of a member

LAURENT R. BENZAQUEN

Typed or printed name of signee