## L15 0000 95578

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J LEGGETT MAY 23 2018

## **COVER LETTER**

	NTLEY EDGEWATER, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	AMAURY MARTINEZ
	Name of Person
	Firm/Company
	2930 BISCAYNE BLVD
	Address
	MIAMI, FL 33137
	City/State and Zip Code
	ZACKSCHIFFMAN@OUTLOOK.COM
	E-mail address: (to be used for future annual report notification)
For further inform	mation concerning this matter, please call:
ZACHARY SCH	HIFFMAN 305 788-2056
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
■ \$25.00 Filing	g Fee \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filing Fee, } \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{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

and assigned
or the abbreviation "L.L.C."
<b>5</b>
F -
<b>.</b>

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

2930 BISCAYNE BLVD

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33137
Zip Code

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>	Type of Action
MGR	HUSSEIN A ZAYOUN	1717 N BAYSHORE DR	Add
		MIAMI, FL 33132	■ Remove
MGR	CHRISTIAN BERUBE	1717 N BAYSHORE DR #213	
		MIAMI, FL 33132	≅ Remove
			Change
			Add
			□ Remove
			Change
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ective date, if other than the effective date is listed, the date mi	e date of filing: _	not be prior to o	late of filing or n	one than 90 days af	tional) ter filing \ Puesuant	un 605 02
te: If the date inserted in this burnent's effective date on the l	olock does not mee	t the applicabl	statutory filir	g requirements, t	his date will not	be listed
record specifies a delaye he 90th day after the re		e, but not a	n effective	ime, at 12:01	a.m. on the	earlier
ed MAY 15		.018				
	$\overline{C}_{1}$					

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Typed or printed name of signee

Filing Fee: \$25.00