## L15000112772

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## **COVER LETTER**

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CHD IRCT		W SANS SOUCI 416 LLC				
SUBJECT	THE STATE OF THE S	Name of Lim	ited Liability Company	<del></del>		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		VIVIAN WILLIAMS				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		FLORIDA ANNUAL REI	PORT SERVICES INC.			
			Firm/Company			
		2300 CORAL WAY				
			Address			
		MIAMI, FLORIDA 33145	;			
			City/State and Zip Code	<u> </u>		
		vivian@canteratax.com				
For further	information co	e-mail address: ( oncerning this matter, please ca	to be used for future annual report notificall:	ation)	2015 SEP SECRETA	L.L.
VIVIAN W	VILLIAMS		305 856-0056	, c	P 2	
•	Name of	f Person	Area Code Daytime	Celephone Number	S D	
Enclosed is	a check for th	e following amount:		OR <i>I</i> B	2: 5	O
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee.	

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

BAYVIEW SANS SOUCI 416 LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	iy as it now appears of liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company  Florida document number L15000112772	were filed on	6/30/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here	* *	
AVENTURA INTERNATIONAL GROUP LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	N/A		
·			
Enter new mailing address, if applicable:		<del>774</del>	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	g:	our records, enter	the name of the nev
	Enter r tortde	i sirvet address	2015 SEC
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Cuy	ć	AR 2
	u v ka u ski in klain u s	To the state of the second	o na
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	perjormance of m provided for in Che	y aunes, ana 1 ant. apter 605, F.S. Œ	Athis document is
If Char	iging Registered Agen	it. <u>Signature of New R</u>	egistered Agent

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> **Address Type of Action** <u>Name</u> \_□ Add \_□ Remove \_ Change □ Add □ Remove ☐ Change \_□ Add □ Remove \_□ Change □ Add SECORE Remove REP 2 Change □ Vďq □ Remove \_ Change \_□ Add ☐ Remove

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Tective date, if other than the date of filing:	(optional)	
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ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. or	the earlier (
The 90th day after the record is filed.	- 12:01 dilli di	r che carner i
9/21/2015		
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Filing Fee: \$25.00