## L15000/15507

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusilless Effility Name)
(Document Number)
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SECHETARY OF STATE

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## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations						
CUD IEC		706 INVESTMENT LLC						
SUBJECT: Name of Limited Liability Company								
The encle	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.					
Please re	turn all correspor	ndence concerning this matter to	o the following:					
		JOSEPH HUPPERT						
		<del></del>	Name of Person					
			Firm/Company	· <del></del>				
		17611 SW 48 STREET						
			Address	· · · · · · · · · · · · · · · · · · ·				
		SOUTHWEST RANCHES FL 33331						
		City/State and Zip Code						
		JOE@HUPPERTCPA.COM						
		E-mail address: (to	o be used for future annual report notifi	cation)				
For furth	er information co	oncerning this matter, please ca	II:					
JOSEPH	I HUPPERT		954 434-4811					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed	l is a check for th	e following amount:						
\$25.0	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

BAYSIDE 706 INVESTMENT LLC		
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number L15000115507	bility Company were filed on JULY	6, 2015 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	
Enter new principal offices address, if applicat	ble:	TAKE 5
(Principal office address MUST BE A STREET	ADDRESS)	2A -
		20 1
		A P
Enter new mailing address, if applicable:		FIG. 2: 3
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	ORIE 35
		7
B. If amending the registered agent and/or registered agent and/or the new registered officers.		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida .	street address
		, Florida
	City	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

· 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>	Address	Type of Action
AMBR	ARTURO AMATO		Add
			Remove
			☐ Change
AMBR	FERNANDO AMATO		Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			A GAT
			Remove
			Remove Re
			E
			□ Remove
			☐ Change

D. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	VIII V C 2015		
(If an effect Note: I	the date, if other than the date of filing:    JULY 6,2015   (optional)	5.0207 (3)(i ed as the	o)
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied and the record is filed.	er of:	
Dated _	Ant.		
	Mulus/de mus	15	
	Stemature of a member of authorized representative of a member	15 JUL 20 PM 2: 36	1 1
	ALESSANDRA VIGILANZA  Typed or printed name of signee	20	F "E"
		PM 2	
	Page 3 of 3 Filing Fee: \$25.00	: 36	
	1 ming 1 v.c. \$45,000		