

L15000 129133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

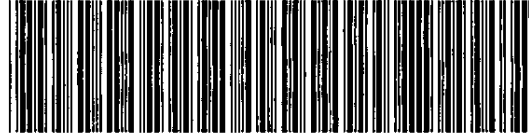
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800288394498

07/29/16--01003--003 **25.00

FILED
16 JUL 29 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 01 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 900 BISCAYNE 1802 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:

ALEJANDRO MOLIERI

Name of Person

MENDEZ ROTHBARD MOLIERI & CO LLC

Firm/Company

2600 S DOUGLAS RD, SUITE 501

Address

CORAL GABLES, FL 33134

City/State and Zip Code

AMOLIERI@MRMCO-CPA.COM

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

For further information concerning this matter, please call:

ALEJANDRO MOLIERI

at (305) 742-2800

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

900 BISCAYNE 1802 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 07/29/2015 and assigned
Florida document number L15000129133

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:

900 BISCAYNE BLVD. APT. 3209

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33132

Enter new mailing address, if applicable:

C/O MENDEZ ROTHBARD MOLIERI & CO, LLC

(Mailing address MAY BE A POST OFFICE BOX)

2600 S DOUGLAS RD, SUITE 501

CORAL GABLES, FL 33134

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:

LUCIANO EDUARDO GUASTI

New Registered Office Address:

C/O MENDEZ ROTHBARD MOLIERI/ 2600 S DOUGLAS RD, SUITE 501

Enter Florida street address

CORAL GABLES

Florida

33134

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

Page 1 of 3

FILED
JUL 29 PM 2:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

If attending 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

Title	Name	Address	Type of Action
MGR	ALEJANDRO MOLIERI	2600 S DOUGLAS RD, STE. 501	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUCIANO E GUASTI	C/O MENDEZ ROTHBARD & MC	<input checked="" type="checkbox"/> Add
		2600 S DOUGLAS RD, STE. 501	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 29 PM 2:24
FILED

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JULY, 22TH 2016

Typed or printed name of signer



16 JUL 29 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

