11500154545

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		;			

Office Use Only



400279401764

12/07/15--01009--003 **25.00

FILE D

DEC 0 8 20:5) BRUCH

COVER LETTER

	vision of Corporations .	
SUBJECT	: Colden Coshores Estates two, LLC Name of Limited Liability Company	
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning this matter to the following:	
	YANINA MICUUBLI, ESq. Name of Person	
	YANINA MICULITZKI P.A Firm/Company	
	20801 BISCAYNE BIVEL STC 306	
	Aventua, Fl 33180 City/State and Zip Code	
	Family address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
}	Name of Person Name of Person Area Code Daytime Telephone Number of Person	1
Enclosed is	a check for the following amount:	7
\$25.00	Filing Fee \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee, }\Bigcup \Bigcup \Big	

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

TO ARTICLES OF ORGANIZATION OF

(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 9/10/15 and assigned Florida document number 4/5000154545
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address , Florida co
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

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MN6	FERNANDO BARFDES	19950 W. Country club de	#123Add
		Aventura F1 33180	iskemove
			Change
MN6	601 DEN Abshores manag	ement, LLC	X Add
		19950 W. Country club dr #9	<u>03</u> □ Remove
		Nentura, Al 33180	Change
			Add
			□ Remove
			Change
			□ Add
		SECRETARY OF TALLAHASSEE, F	Remove :
		SEE, FLORIDA	Add Remove
			Change
			□ Add
			□ Remove
			☐ Change

•	
	_
<u> </u>	_
	_
	_
	_
	_
	
	_
ACE E	_
AH.	-11
	-[
	_
NEW AGENT	_
·	<u> </u>
Effective date, if other than the date of filing:	05.0207 (3 sted as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.	lier of:
Dated November 30 , 2017.	
Signature of a member or authorized representative of a member	
Yanina Micuutzli Esq. Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00