

L15000157360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

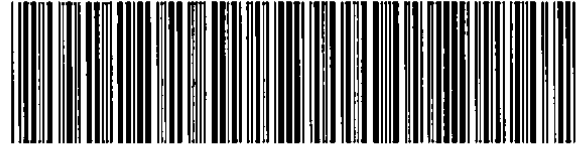
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200330178962

06/11/19--01022--006 **335.00

FILED

19 JUN 11 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



JUN 24 2019

T SCHROEDER

COVER LETTER:

**TO: Registration Section
Division of Corporations**

SUBJECT: UPTOWN AVENTURA MARINA 607, 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:

MAX ADAMS

Name of Person

THE MEDI LAW FIRM

Firm/Company

2151 S LEJEUNE ROAD SUITE 306

Address

CORAL GABLES

City/State and Zip Code

INFO@THEMEDILAWFIRM.COM

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

For further information concerning this matter, please call:

MAX ADAMS	305	444-3484
_____	at (_____) _____	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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**

UPTOWN AVENTURA MARINA 607, 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 9/16/2015 and assigned
Florida document number L15000157360.

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)

FILED
19 JUN 11 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The Law Office of Max A. Adams ESQ P.

New Registered Office Address:

2151 S. Legend RD #306
Enter Florida street address

Coral Gables
City

Florida

33134
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>	<u>Address</u>	<u>Type of Action</u>
X	WEISS, MARCIA	16485 COLLINS AVE	<input type="checkbox"/> Add
		APT 2135	<input checked="" type="checkbox"/> Remove
		SUNNY ISLES, FL 33160	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 11 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 11 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OF

19 JUN 11 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

דמיון

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 6, 2009

MARCELA WEISS

Typed or printed name of signee