## L15000162215

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## **COVER LETTER**

Division of Cor	porations		
A&A RESI SUBJECT:	DENCES, LLC		
	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VIVIAN PERAZA		
		Name of Person	
	A&A RESIDENCES, LLC		
		Firm/Company	
	8459 NORTH BAYSHOR	E DR	
•		Address	
	MIAMI, FL 33138		
		City/State and Zip Code	
	GREG@GGCPACO.COM		
•	E-mail address: (t	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ıll:	
GREG GONZALEZ		305 342-3760 at ( )	
Name of	Person		Telephone Number
			,
Enclosed is a check for th	e 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:

TO: · Registration Section

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

A&A RESIDENCES, LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our red Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	omnany were filed on 09/23/2015	and assigned
Florida document number L15000162215		und doorgva
This amendment is submitted to amend the following:	_ ,	
_		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office addroname of New Registered Agent:		ords, enter the name of the ne
New Registered Office Address:		
-	Enter Florida street aa	ldress
-		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	<del></del>	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties vent as provided for in Chapter 60	s, and I am familiar with and 05, F.S. Gr., if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

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
MGR	ADRIANA B RODRIGUEZ	8459 NORTH BAYSHORE DR	□ Add
		MIAMI, FL 33138	■ Remove
			Change
	<del></del> .		□ Add
			□ Remove
			Change
-			□ Add
-			□ Remove
		**************************************	☐ Change
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			☐ Change
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			Remove  17 Add D  ALLAHASSEE, FLC
			Remove Change

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	<u> </u>	=	
tive date, if other than the date ffective date is listed, the date must be s	e of filing:	late of filing or more than 9	(optional) 00 days after filing.) Pursuant to 605
If the date inserted in this block of ment's effective date on the Depart	loes not meet the applicable		
ment 3 effective date on the Depart	ment of state 3 records.		
ecord specifies a delayed eff	ective date, but not a	n effective time, at	: 12:01 a.m. on the earli
e 90th day after the record			
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d APRIL 25		,	<b>₩</b>
1	5		HAY- CRETA LANAS

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Filing Fee: \$25.00