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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:			11
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Micha	rel Conz	elec
	lever-	- Marc J- (Figur/Company	Jonzalez LLC
	626		//
	Mic	City/State and Zip Code	33155
	E-mail address: (1	17 2 (2 (a)) to be used for future annual rep	ort notification) Com
For further information co	oncerning this matter, please ca	all:	
Samuel	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Address M. Mael Caralec Name of Person Firm Company City/State and Zip Code Address M. Mael Caralece Firm Company City/State and Zip Code May 2 ale 2 (a) may law for future annual report notification) The person at (30) 43 L - (016) Area Code Daytime Telephone Number Solono Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status &

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

Harbour NM Beach LLC

(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed onand assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the new e address here:
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
-	City , Florida Zip Code
New Registered Agent's Signature, if changing Regi	•
provisions of all statutes relative to the proper accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability inge.

If Changing Registered Agent, Signature of New Registered Agent

or removed fi	rom our records:	age, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Nonna Business Corp	1622 NW 28th	<u> </u>
		Miami, FL 3341	Remove
			Change
MGR	Comen C. Capilos Lopez	101 Sunset Drive	Add
	·	Apt. 302	/ □ Remove
		Key Biscayne PL 3	3149 Change
			□ Remove
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in ette <u>ote:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	(a to a) 1 2019
ited_	September 1. 2017
ited _	AG L
nted _	Signature of a member or authorized representative of a member Withall Gradel this area on helpel Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00