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## **COVER LETTER**

**Division of Corporations** GOLD COAST PREMIER PROPERTIES III, LLC SUBJECT: 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: Jorge E. Otero, Esq. Name of Person Jorge E. Otero & Associates, P.A. Firm/Company 75 Valencia Ave., Fourth Floor Address Coral Gables, Florida 33134 City/State and Zip Code service@oterolaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge E. Otero, Esq. Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30,00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

GOLD COAST PREMIER PROPERTIES III, LL		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on November 16, 2015	and assigned
Florida document number £15000193671		
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 I	liability Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		- <del>2</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<b>o</b>
		A RPO
		9 <del>8</del> 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the nev
Name of New Registered Agent:		
N D : 1000 A D		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager : AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
V	Waison Lam	16155 SW 117 Ave., Suite B2	
		Miami, FL 33177	☐ Remove
			☐ Change
CFO	Waison Lam	16155 SW 117 Ave. Suite B2	<b>=</b> Add
		Miami, FL 33177	☐ Remove
MGRV	Veronica Garcia	16155 SW 117 Ave., Suite B2	□ Add
		Miami, FL 33177	□ Remove
			☐ Change
COO	Veronica Garcia	16155 SW 117 Ave., Suite B2	
		Miami, FL 33177	□ Remove
			☐ Change
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if an effecti	ve date is listed, the da he date inserted in t	ile must be specif	ic and cannot be	prior to date of film	ng or more than 90	days after filing.) Prents, this date wi	ursuant to 605.07 ill not be listed
document	s effective date on	the Departmen	of State's rec	ords.	9 .ed	Total Carro	
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Typed or printed name of signee

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Filing Fee: \$25.00