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2019 SEP II P P 33

SEP 2 1313

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Hay bouy Name of Lim	- NM Beach ited Liability Company	2502 LL
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michael	Gonzale L Name of Person	
		Name of Person Merk J- Contact Firm/Company	los le
	6267	Bid Roca	
	Mic	City/State and Zip Code 1200-260 D - M 10 be used for future annual report notif	3155
	E-mail address: (12alo-L(a) 0 - M to be used for future annual report notif	Glaw. Com
For further information of	concerning this matter, please c	•	
Kame		at 3 05 U	36-6016
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Harbour NI	M Beach 2502 LLC
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)
	<u> </u>
	F 7
Enter new mailing address, if applicable:	() 3.5 grane
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Norma Business Carp	1622 NW 28th St	
	1	1622 NW 28th St Miani, FL 33142	Remove
MGR	Carmen C. Capiles Lyper	101 Sunset Drive Apt. 302 Vey Biscagne, Fl 331	Add
		Apt. 302	Remove
		Key Biscagne, Fl 331	47□ Change
			Add
			Remove
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			🗆 Add
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The 90th da	y after the rec	ord is filed	1.	_				
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	 	Signature of	a member or	apthorized rep	resentative of a	member		

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Filing Fee: \$25.00