

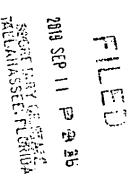
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COVER LETTER

TO: Registration S Division of Co		. 4	
SUBJECT:	-lar bour 1	Beach ited Liability Company	2305 L
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mich	ad Comple	1-
	Porez	Name of Person Mark & Go	onzalez, LLC
	676	7 Bild Company	1 C. S.
	Mia	Address 3	3)55
	E-mail address: (City/State and Zip Code C 2	Mg law. com
For further information of	concerning this matter, please co	all:	
Same		at (305) 4	36-6016
Name (of Person	Area Code Daytim	e 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

Harbstr	NM	Beach	2305	LLC
(Name of the Limited Liat (A Flor	pility Company as it ida Limited Liability	now appears on ou Company)	ır record <u>s.</u>)	
The Articles of Organization for this Limited Liability Florida document number	Company were f	١	1/24/15	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability co	mpany here:		
The new name must be distinguishable and contain the words "L	imited Liability Com	pany," the designat	ion "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		·	<u> </u>	
(Principal office address MUST BE A STREET ADI	ORESS)		= 1 2m	31
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			THRY DESCRIPTION OF	
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ddress on our	records, <u>enter 1</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	 .	Enter Florida stre	et address	
			. Florida	
	Cit	v		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

Title Name Type of Action MGR Nonna Business Grp 1622 NW 2845+ DAdd Micani, Fl 33142 g/Remove MGR Carmen C Capriles Ages 101 Survise Private Add _____ Change Key Biscayne FL 33149 Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

•	
ffect	ive date, if other than the date of filing: (optional)
ran ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	cord 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.
Dated	Sptembe 1 2019
<i>-</i> (1100	
	Au t
	Signature of a member or authorized representative of a member
	Michael Gonalez, ettorney by C
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Filing Fee: \$25.00