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Division of Corporations

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BISCAYNE COVE 802, LLC**

| Certificate of Status | 0       |
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K. Brumbiay

|          |                                |  | COVER LETTER .  |  |  |  |  |
|----------|--------------------------------|--|---|--|--|--|--|
| TO:      | Registration Se                |  | *   |  |  |  |  |
|          |                                |  |   |  |  |  |  |
| SUBJE    |                                | E COVE 802, LLC                              |   |  |  |  |  |
|          |                                | Name of Lim                                  | ited Liability Company  |  |  |  |  |
| The end  | losed Articles of              | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |  |  |
| Please   | eturn all correspo             | ondence concerning this matter               | to the following:   |  |  |  |  |
|          |                                | Keith C. Durkin                              |   |  |  |  |  |
|          |                                | ····   | Name of Person  |  |  |  |  |
|          |                                | Baker & Hostetler LLP                        |   |  |  |  |  |
|          |                                |  | Firm/Company  |  |  |  |  |
|          |                                | 200 South Orange Avenue, Suite 200           |   |  |  |  |  |
|          |                                | Orlando, FL 32801  City/State and Zip Code   |   |  |  |  |  |
|          |                                |  |   |  |  |  |  |
|          |                                |  |   |  |  |  |  |
|          |                                | carina@finishmycondo.com                     |   |  |  |  |  |
|          |                                | E-mail address: (                            | to be used for future annual report notifica                        | ition)   |  |  |  |
| For furt | her information c              | oncerning this matter, please o              | all:  |  |  |  |  |
| Keith (  | C. Durkin                      |  | 407 649-4005  |  |  |  |  |
|          | Name o                         | f Person                                     | at () Area Code Daytime T   | elephone Number  |  |  |  |
| Enclose  | d is a check for the           | ne following amount:                         |   |  |  |  |  |
|          | 5.00 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 S | Section                                      | Street Address;<br>Registration Section                             |  |  |  |  |
|          | Division of C                  | Corporations                                 | Division of Corpo   | rations  |  |  |  |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BISCAYNE COVE 802, LLC  |   |   |  |  |                                |  |
|---|---|---|--|--|--------------------------------|--|
| (Name of the Lim  | ited Lipbillty Common<br>(A Florida Limited | iny as It now annears no nar ri<br>Liability Company) | cordi.)                                |  |                                |  |
| The Articles of Organization for this Limited 1   | Liability Company                           | were filed on January 5, 20                           | )16                                    | and  | assign                         | ed   |
| Fiorida document number 1.16009001572   | · · · · · · · · · · · · · · · · · · ·       |   |  |  |                                |  |
| This amendment is submitted to amend the fol  | lowing:                                     |   |  |  |                                |  |
| A. If amending name, enter the new name of  | of the limited link                         | oility company here:                                  |  |  |                                |  |
| The new name must be distinguishable and contain the  | words "Limited Liabi                        | lity Company," the designation                        | il to "S.L.P                           | e abbreviation                                 | "i, l(!                        | <b>6</b> 7                                 |
| Enter new principal offices address, if appli   | cable:                                      | 8367 Via Rosa   | ······································ | · · · · · · · · · · · · · · · · · · ·          |                                |  |
| (Principal office address MUST BE A STREE   | <u>ET ADDRESS)</u>                          | Orlando, PL 32836                                     |  | <del>iidha, ee aga agaas ar ask</del> sa sairi |                                | ***************************************    |
| Enter new mailing address, if applicable:   |   | 8367 Via Rosa   |  |  |                                |  |
| (Mailing address MAY BE A POST OFFICE   | (BOX)                                       | Orlando, FL 32836                                     | ·····                                  |  | -integritation or resources to |  |
| H. If amending the registered agent and/or agent and/or the new registered office addressed agent.  Name of New Registered Agent: |   | _   | nter the n                             | ame of the NEORE I.                            | 2022 AUG 2                     | egistered                                  |
| New Registered Office Address:  | 8367 Via Rosa                               | Ewer Fliwlda street o                                 | hiress                                 |  | 2                              | 100 NO |
|   | Ortando                                     |   | , Florida                              | 32834 5  |                                |  |
|   |   | Cin   | •                                      | Eq. Cox  | 09                             |  |

## 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, Signifure of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Medwinter, Ashli

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name           | Address                          | Type of Action                    |
|--------------|----------------|----------------------------------|-----------------------------------|
| MGR          | ARIEL D. TOMAT | 17070 COLLINS AVENUE, SUITE 266B | □Add                              |
| -            |                | SUNNY ISLES BEACH, FL 33160      | 🗏 Remove                          |
|              |                |                                  | Change                            |
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| late: 1             | ve date, if other than the date of filing:   |
| record<br>l is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| áted _              | June 16 2022   |
|                     | Signature of a member and interest representative of a incinher  |
|                     |  |

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