L16000034996

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		. ING.		Cast 6th Avenue. Tallahassee, Florida 32303 066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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			PICK UP:	6-2-16
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÷		FILING		Amend
1.		DIAZA (CORPORATE NA	Celia LLC ME AND DOCUMENT #)	
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COVER LETTER

TO: Registration Division of C			
Plaza Co SUBJECT:	lia, LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Thomas O. Wells, Esq.		
		Name of Person	
	Wells & Wells, P.A.		
		Firm/Company	
	540 Biltmore Way		
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	mechelle@twellslaw.com		
For further information	concerning this matter, please ca	to be used for future annual report noti	iication)
Thomas O. Wells		305 444-0016	
Name	of Person		te Telephone Number
Enclosed is a check for	the 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**

Plaza Celia, LLC					
(Name of the Limited Lini (A Flor	bility Company as it now appride Limited Liability Compar	pears on our records.)			
The Articles of Organization for this Limited Liability Florida document number L16000024996	Company were filed on	February 4, 2016	·	and assign	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company	here:			
The new name must be distinguishable and contain the words "L	limited Liability Company," t	he designation "LLC" or	r the abb	4 	
Enter new principal offices address, if applicable:				275	7_
(Principal office address MUST BE A STREET AD)	DRESS)		35	22 12	-
			777	2	-
			. 'Q	→ [; 7
Enter new mailing address, if applicable:			L OF	مِ ر	
(Mailing address MAY BE A POST OFFICE BOX)			TE 3T	5	
		,	- 7,	y -9	
	_	on our records,	enter t	he name of	the
Name of New Registered Agent:	_	on our records,	enter t	he name of	the
registered agent and/or the new registered office a	ddress here:	on our records, g	enter t	he name of	the
	ddress here:			he name of	the

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	J. Russell Nordahl, Jr.	540 Biltmore Way	= Add
		Coral Gables, FL 33134	□ Remove
			Change
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
		· .	Remove Control Cont
			Remove

	g any other information, enter change(s) here: (Attach additional she	

		.
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te: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 9 date inserted in this block does not meet the applicable statutory filing require effective date on the Department of State's records.	ements, this date will not be listed
	specifies a délayed effective date, but not an effective time, at a day after the record is filed.	t 12:01 a.m. on the earlier
ed	2016	
	Thurs D Well	
	Signature of a member or authorized representative of a mem	
<u>T</u>	homas O. Wells, Esq., authorized representative of a member	
	Typed or printed name of signee	RY OF REEL PROPERTY OF
	Page 3 of 3	F STA
	Filing Fee: \$25.00	87 5