## L16000034422

(Requesto	r's Name)
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(City/State	/Zip/Phone #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (	Officer:

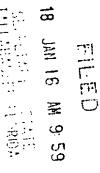
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J. LEGGETT

## **COVER LETTER**

	gistration Sec ision of Corp				
eun IECT.					
SUBJECT:		Name of Limi	ited Liability Company	<del></del>	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please returr	all correspon	ndence concerning this matter	to the following:		
		TOWERS 1208 LLC  Name of Limited Liability Company  F Amendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:  ERICK MAGNO  Name of Person  MAGNO & ASSOCIATES. PL  Firm/Company  1401 BRICKELL AVENUE SUITE 420  Address  MIAMI, FLORIDA 33131  City/State and Zip Code  FABIANA@MAGNOLAW.COM  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  RU  at (  305 379-4400  of Person  Area Code  Daytime Telephone Number  the following amount:  \$\Begin{array} \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)}  Certified Copy  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy  (Certified Copy)  Certified Copy  (Certified Copy)  Certified Copy  (Certified Copy)  Certified Copy  (Certified Copy)  (Certified Copy)  (Certified Copy)  (Certified Copy)			
-			Name of Person		
		MAGNO & ASSOCIATES	S, PL		
			Firm/Company		
		1401 BRICKELL AVENUE SUITE 420			
			Address		
		MIAMI, FLORIDA 33131			
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		•		ication)	
				Carony	
For further i	nformation co	oncerning this matter, please co	all:		
FABIANA	CIOBATAR	U			
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status &	

MAILING ADDRESS:

TO:

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000034922}{2.0000000000000000000000000000000000$	were filed on	02/18/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
PARQUE TOWERS 1206 LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<b>茅绘 6</b>
			<u> </u>
			10 CM
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, ent	er the name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	uda street address	
	City	Florida	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
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			☐ Remove
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ffective date, if	other than the date of filing:isted, the date must be specific and cannot	be prior to date of filing o	(option of the control of the contro	onal) tiling.) Pursuant to 60	05.020
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ated	JANUARY 10 2018	3			
		100			
	Signature of a member	or authorized representa	ive of a member	·-	

Page 3 of 3

Filing Fee: \$25.00