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(Requestor's Name)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
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D. SCOTT **DEC** 1 2 2016

COVER LETTER

TO:	Registratio Division of	n Section Corporations				
SUBJE		NIA 306, LLC				
SUBJE	CI					
The enc	losed Article	es of Amendment and fee(s) are submitted for filing.				
Please r	eturn all corre	respondence concerning this matter to the following:				
		GRISEL CALDERO				
	Firm/Company					
		12550 BISCAYNE BLVD, STE 406				
		Address				
	NORTH MIAMI, FL 33181 .					
		City/State and Zip Code				
		GRISEL@SCHVARTMANLAW.COM	753 6			
		E-mail address: (to be used for future annual report notification)		í		
For furt	her informati	ion concerning this matter, please call:	弱馬 1] # #		
	GRISEL CA	ALDERO 305 974.0114	SSEE OF	7		
	Na	me of Person Area Code Daytime Telephone Number	C-9 PH 12: 42			
Enclose	ed is a check t	for the following amount:	75			
\$25	.00 Filing Fe	ce \$\Bigcup \\$30.00 Filing Fee & Bound Filin	f Status & py			

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

CATANIA 306, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______03/22/2016 Florida document number L16000057651 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 12550 BISCAYNE BLVD, STE 406 Enter new principal offices address, if applicable: NORTH MIAMI, FL 33181 (Principal office address MUST BE A STREET ADDRESS) SAME AS ABOVE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: LAW OFFICE OF VALERIA SCHVARTZMAN, PA Name of New Registered Agent: 12550 BISCAYNE BLVD, STE 406 New Registered Office Address: Enter Florida street address

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.

City

NORTH MIAMI

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
MGRM	CASTRO, GUSTAVO D	3500 MYSTIC POINT DR	Add
		APT 3002	□ Remove
		AVENTURA, FL 33180	☐ Change
MGR	CASTRO, GUSTAVO D	12550 BISCAYNE BLVD,	≅ Add
		STE 406	☐ Remove
		NORTH MIAMI, FL 33181	☐ Change
MGR	SINISCALCO, ALBERTO M. R.	12550 BISCAYNE BLVD,	Add
		STE 406	Remove
		NORTH MIAMI, FL 33181	Change
			Add
			☐ Remove
			Change
			
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		N	Staticharlese F
			AHASSEL Add P. 42
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note	ctive date, if other than the date of filing:	207 (3)(l l as the
If the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies se 90th day after the record is filed.	of:
Date	d, 2016	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	ILED
	Typed or printed name of signee Page 3 of 3	5 5

Filing Fee: \$25.00