11600059056

| (Re | questor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

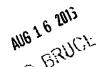
Office Use Only



600288875986

08/15/16--01019--016 **25.00





COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-----------|------------------------------------|--|---|---|
| SUBJE | 141 DANIA | A LLC | | |
| SODJE | | Name of Lin | nited Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspo | endence concerning this matter | to the following: | |
| | | SILVIA LUCERO | | |
| | | | Name of Person | |
| | | 141 DANIA LLC | | |
| | | | Firm/Company | |
| | | 18419 NE 27TH COURT | | |
| | | | Address | . |
| | | AVENTURA, FL 33160 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifi | ication) |
| For furt | ther information co | oncerning this matter, please c | all: | |
| KARIN | NA PACHECO | | 305 300-5733 at () | 2016 N.E.C. |
| | Name of | f Person | Area Code Daytime | Telephone Number 7 |
| Enclose | ed is a check for th | ne following amount: | | |
| | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Elling Feed Certificate of Status & Certified Copy (additional copy is enclosed) |
| | MAILI | ING ADDRESS: | STREET/COURI | ER ADDRESS: |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 141 DANIA LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L16000059056 | y Company were filed on 03/23/2016 | and assigned |
| his amendment is submitted to amend the following | ;: | |
| a. If amending name, enter the new name of the l | imited liability company here: | |
| he new name must be distinguishable and contain the words "I | Limited Liability Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| <u>Principal office address MUST BE A STREET AD</u> | DRESS) | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | |
| 3. If amending the registered agent and/or registered agent and/or the new registered office a | | |
| | | 2016 |
| Name of New Registered Agent: | | <u>AR ≥ 1</u> |
| New Registered Office Address: | | SS |
| | Enter Florida street address, Flori | |
| | City , F1011 | Zip Code |
| New Registered Agent's Signature, if changing Registe | ered Agent: | <u>%</u> |

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> | <u>Address</u> | Type of Action |
|--------------|-----------------|---------------------|------------------|
| AMBR | CARLOS AGUILERA | 18419 NE 27TH COURT | ■ Add |
| | | AVENTURA, FL 33160 | □ Remove |
| | | | |
| · | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | ALLAI ALS Change |
| | | | FLORUS 33 Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | □ Change |

| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of the listed in this block does not meet the applicable statutory figurent's effective date on the Department of State's records. | 2016 AUG |
|--|--|
| ective date, if other than the date of filing: 1 effective date is listed, the date must be specific and cannot be prior to date of filing o 1 te: If the date inserted in this block does not meet the applicable statutory fi | AHA TI |
| ective date, if other than the date of filing: | AHA AUG |
| ective date, if other than the date of filing: | AHA AUG |
| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | AHA TI |
| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | AHA AUG |
| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | AHA AUG |
| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | AHA AUG |
| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | AHA AUG |
| ective date, if other than the date of filing: | AHA NG |
| ective date, if other than the date of filing: offective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | AHA TI |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | AHA TI |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | >> c⊓ |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | A THE STATE OF THE |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | g S |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | FF D |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | 25 γ. G.:. ω |
| ective date, if other than the date of filing: offective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | <u> </u> |
| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing o te: If the date inserted in this block does not meet the applicable statutory fi | |
| effective date is listed, the date must be specific and cannot be prior to date of filing of the first the date inserted in this block does not meet the applicable statutory fi | (antional) |
| | |
| | ling requirements, this date will not be liste |
| | |
| record specifies a delayed effective date, but not an effective he 90th day after the record is filed. | e time, at 12:01 a.m. on the earlie |
| the social day after the record is med. | |
| ed | |
| Sp. 5:4. 00011 | |
| Signature of a member or authorized representate | |

Page 3 of 3

Filing Fee: \$25.00