

65350

~~L1600005350~~

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

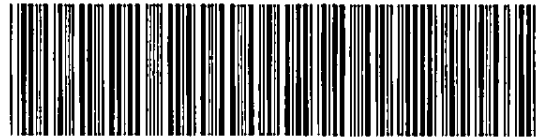
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC -1 AM 9:16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABR Aventura LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatriz Gomez Pereyra

Name of Person

ABR Aventura LLC

Firm/Company

PO Box 13351

Address

Miami, FL 33101

City/State and Zip Code

panamainvestments@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Jeffrey Sherman

305

407-3522

at (_____) _____

Name of Person

Area Code

Daytime 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**

ABR Aventura 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 4/1/2016 and assigned
Florida document number L1600005350.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ABR Aventura LLC

800 Silks Run #1353

Hallandale Beach, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ABR Aventura LLC

PO Box 13351

Miami, FL 33101

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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, 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>	<u>Type of Action</u>
AMBR	Raquel Sherman	PO Box 13351	<input type="checkbox"/> Add
		Miami, FL 33101	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alexandra Sherman	PO Box 13351	<input type="checkbox"/> Add
		Miami, FL 33101	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Benjamin Sherman	PO Box 13351	<input type="checkbox"/> Add
		Miami, FL 33101	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alan Jeffrey Sherman	PO Box 13351	<input checked="" type="checkbox"/> Add
		Miami, FL 33101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thelma Roxanna Sherman	PO Box 13351	<input checked="" type="checkbox"/> Add
		Miami, FL 33101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Jose Fuguet Perez	5600 NW 113 Place	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 DEC - 1 AM '91 16

SECRETARY OF
TALLAHASSEE COUNTY

17 DEC - 1 AM 9:16

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated November 24, 2017

Deaf Reed
Signature of a man

Signature of a member or authorized representative of a member

Beatriz Gomez Pereyra

Typed or printed name of signee