116000072860

(Requestor's Name)
(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:

Office Use Only



000321025350

11/21/18--01016--003 **25.00

FILED

18 NOV 21 PH 5: 20

SLCANAS FOR STAN

T SCHROEDER

COVER LETTER

Div	ision of Corp	porations	•	
SUBJECT:		EAL ESTATE, LLC		
.,obanci.	-	Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		DANIEL E. FERNANDEZ	Z	
			Name of Person	
		DANIEL E. FERNANDE	Z P.A.	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
7480 SW 40TH STREET, SUITE 760				
			Address	
		MIAMI, FL 33155		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
DANIEL E.	FERNANDI	ĕΖ	305 264-0881	
Name of Person		Person	at () Area Code Daytime	Telephone Number
Englaced ic	a chack for th	e following amount:		
		_	Descentium n	5 240 00 000 0
\$25,00 1	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

DANVA REAL ESTATE, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Com Florida document number <u>L16000072860</u>	pany were filed on 4/14/2016	and assigned
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 "L!.	C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		4 1-
		2 1
		Si ~
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds. enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	. I -	Torida
	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, <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
MGR	LUIGI SCUTARO	5329 NW 36 AVENUE	⊟ Add
		MIAMI, FI. 33142	
			Remove
			Change
		. <u></u>	□ Remove
			Change
			☐ Add
			☐ Add ☐ ☐ & ☐ ☐ Remove
			- Change T
			Remove
			Change
			D Add
			□ Remove
			☐ Change
		-	
			☐ Remove
			Change

·				
		-		
				
				
				
ffective date, if other than the date of an effective date is listed, the date must be spectore: If the date inserted in this block does becament's effective date on the Department.	s not meet the applicable	ate of filing or more than estatutory filing requir	(optional) 90 days after filing.) F ements, this date w	Pursuant to 605.0 ill not be listed
e record specifies a delayed effec The 90th day after the record is		n effective time, a	t 12:01 a.m. oi	n the earlier
1	/			7 . 7. 7.
ated 11/05/2018			2.4 22. 2.4	18 NOV
			i i i i i i i i i i i i i i i i i i i	· N
	i/) W		~ .	
Signatu	re of a member or dehorize	ed representative of a me	niber	

Page 3 of 3

Filing Fee: \$25.00