

L16000074186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

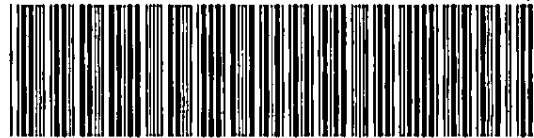
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA  
DIVISION OF CORPORATIONS

K. SALY  
JAN 18 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gardens 5901 Real Estate 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:

Manuel L. Crespo

Name of Person

Greenspoon Marder P.A.

Firm/Company

600 Brickell Avenue, Suite 3600

Address

Miami, FL 33131

City/State and Zip Code

manny.crespo@gmlaw.com

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

For further information concerning this matter, please call:

Manuel L. Crespo

305 789-2770

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Gardens 5901 Real Estate 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 04-12-2016 and assigned  
Florida document number L16000074186.

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:

4000 Ponce de Leon Blvd., Ste 700

(Principal office address **MUST BE A STREET ADDRESS**)

Coral Gables, FL 33146

Enter new mailing address, if applicable:

4000 Ponce de Leon Blvd., Ste 700

(Mailing address **MAY BE A POST OFFICE BOX**)

Coral Gables, FL 33146

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:

Jorge A. Ramirez

New Registered Office Address:

4000 Ponce de Leon Blvd., Ste 700

Enter Florida street address

Coral Gables

Florida 33146

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

Title	Name	Address	Type of Action
MGR	Pablo Abumohor	c/o Jorge A. Ramirez	<input checked="" type="checkbox"/> Add
		4000 Ponce de Leon Blvd, Ste 700	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	<input type="checkbox"/> Change
MGR	Jaine Abumohor	c/o Jorge A. Ramirez	<input checked="" type="checkbox"/> Add
		4000 Ponce de Leon Blvd. Ste 700	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 DIVISION OF  
 STATE OF FLORIDA  
 PUBLIC UTILITIES

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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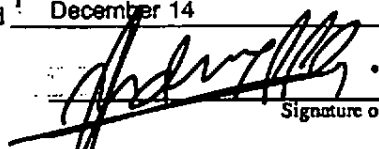
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 1 December 14, 2017



Signature of a member or authorized representative of a member

Andres Abumohor

Typed or printed name of signee