## LV0000085978

(Red	questor's Name)	. <u></u>
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IG HAY 23 PH IZ: 12 SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
6345 Rivi	era LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub	-	
	Monique Selman		
		Name of Person	
	6345 Riviera LLC		7 5 5 5 T
		Firm/Company	FILED  NAY 23 PM IZ: 12  NAY 23 PM IZ: 12  NAY 23 PM IZ: 12
	395 Alhambra Circle Suite	301	23 E
		Address	Fig 2 0
	Coral Gables FL 33134		E P
	mts@albanyhomes.us	City/State and Zip Code	DA R
	•	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Monique Selman		786 2717192 at ( )	
Name	of Person		e 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)
Regis Divis P.O.	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6345 Riviera LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000085978	Company were filed on May 2, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)	
		Z3 PHI
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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>	Address	Type of Action
AMBR	See below	6345 Riviera Dr	
		Coral Gables	☐ Remove
		FL 33146	☐ Change
AMBR	Monique Selman		Add
			Remove
			Change
			Add
			Remove
			☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change

ANIDK.	Monique Selman as trustee for the Monique Selman Trust Agreement dated Nov 12	2 2015			
	and any amendments thereto.				
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ctive date	, if other than the date of filing: (opt	ional)	`. <b>,</b>		
effective dat e: If the da	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the inserted in this block does not meet the applicable statutory filing requirements, the	r filing.) Pursuant is date will not b	to 605. se liste		
	ective date on the Department of State's records.				
	ecifies a delayed effective date, but not an effective time, at 12:01 day after the record is filed.	a.m. on the	earlie		
<u>7/12</u> be	7h6				
(					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00