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COVER LETTER

Division of C	orporations		
14050 NE SUBJECT:	66TH AVE PRESTIGE PLACE	LLC	
Jobjicor.	Name of Limi	ted Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Emerson Pimentel, Esq.		
		Name of Person	
	Polo Pimentel Law, P.A.		
		Firm/Company	
	175 SW 7th Street, Suite 19	Θ (X)	
		Address	
	Miami, Florida 33130		
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	cation)
For further information	concerning this matter, please ca	ill:	
Emerson Pimentel, Esc) .	305 714-5304	
Name	of Person	at () 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)

TO:

Registration Section

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14050 NE 6TH AVE PRESTIGE PLACE LI		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number 1.16000126199	<u>_</u> .	
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 "Lim	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		===
(Principal office address MUST BE A STREET ADDR	RESS)	SSEC.
		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
Enter new mailing address, if applicable:		CORPORATION AM II:
(Mailing address MAY BE A POST OFFICE BOX)		───
		2
B. If amending the registered agent and/or registered agent and/or the new registered office add	-	ter the name of the ne
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, <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	GP 19 Management LLC	200 East Las Ofas Blvd, Suite 1550	Add
		Ft. Lauderdale, FL 33301	Remove
	Prestige Estates Property		Change
MGR	Management LLC	200 Fast Las Olas Blvd, Suite 1550	
		Ft. Lauderdale, FL 33301	_ ■ Remove
		1	Change
			Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			□ Remove
			☐ Change

		
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Effective date.	if other than the date of filing:	(optional)
fan effective date Note: If the dat	is listed, the date must be specific and cannot be prior to	(optional) o date of filing or more than 90 days after filing.) Pursuant to 60 ble statutory filing requirements, this date will not be lis
	tive date on the Department of State's records.	he statutory firing requirements, and take with the no
	cifies a delayed effective date, but not y after the record is filed.	an effective time, at 12:01 a.m. on the earli
THE JOHN OF	y after the record is med.	
Dated	May 17	
		- (D~ 1)
	Signature of a member or author	A y M
	SIGNATURE OF A PREMINE OF SUIDAR	A CONTRACTOR OF THE STATE OF TH

Page 3 of 3

Filing Fee: \$25.00