116000126207

Office Use Only



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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emerson Pimentel, Esq.		
		Name of Person	
	Polo Pimentel Law, P.A.		
		Firm/Company	
	175 SW 7th Street, Suite 1	900	
		Address	
	Miami, Florida 33130		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Emerson Pimentel, Esq.		305 714-5304	
Name o	d Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 radditional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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 ORGANIZATION OF

400 NE 1571 H 51 TKESTIGE VISTA LAC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number $\frac{1.16000126207}{1.16000126207}$.	were filed on 07/01/2016	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		38 /1SE
nter new mailing address, if applicable:		I AM
		5 8 5
failing address MAY BE A POST OFFICE BOX)		57
		<u> </u>
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		er the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Tanta Tioring Spectingress	
·	, Florida	Zip Code
	City	гір Соас

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GP 19 Management LLC	200 Fast Las Olas Blvd, Suite 1550	■ Add
		Fort Landerdale, Florida 33301	□ Remove
			Change
MGR	Prestige Estates Property Management LLC	200 East Las Olas Blvd, Suite 1550	□ Adđ
		Fort Lauderdale, Florida 33301	■ Remove
			Change
			Remove
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(If an e <u>Note</u>	rtive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	ier of:
Dated	d	
	Signature of a member or authorized representative of a member	
	Emerson E. Pimentel, Esq. Typed or printed name of signee	

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Filing Fee: \$25.00