

L/16000 127433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

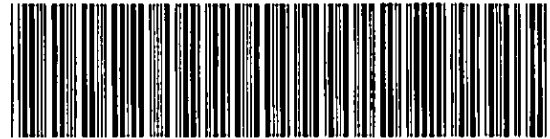
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/18--01013--029 **25.00

FILED

2018 DEC 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FL

LTB
12-19-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGUA AZULES 8491 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:

SEVERINE GIANESE-PITTMAN, ESQ.

Name of Person

GIANESE-PITTMAN, P.A.

Firm/Company

100 N. BISCAYNE BLVD., SUITE 3070

Address

MIAMI, FL 33132

City/State and Zip Code

SGIANESE@SGPITTMAN.COM

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

For further information concerning this matter, please call:

SEVERINE GIANESE-PITTMAN, ESQ.

305

722-5986

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2018

Severine Gianese-Pittman, Esq.
Gianese-Pittman, P.A.
100 N. Biscayne Blvd., Suite 3070
Miami, FL 33132

SUBJECT: AGUA AZULES 8491 LLC
Ref. Number: L16000127433

We have received your document for AGUA AZULES 8491 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 718A00025124

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AGUA AZULES 8491 LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 DEC 19 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 7/05/2016 and assigned
Florida document number L16000127433.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Fiducial Jade, Inc.

New Registered Office Address:

990 Biscayne Blvd. Suite 70

Enter Florida street address

Miami

City

FL 33132

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|-------------------------------|--|
| MGR | SPARING PARTNERS 2, INC. | 33 SE 4 STREET | <input type="checkbox"/> Add |
| | | SUITE 100 | <input checked="" type="checkbox"/> Remove |
| | | BOCA RATON, FL 33432 | <input type="checkbox"/> Change |
| MGR | RENE PIERRE LESPERT | 990 BISCAYNE BLVD., SUITE 701 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33132 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CHRISTINE AUBERTIN | 990 BISCAYNE BLVD., SUITE 701 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33132 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JEAN CHRISTAIN AUBERTIN | 990 BISCAYNE BLVD., SUITE 701 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33132 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

(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)

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 NOVEMBER 27th 2018

Signature of a member or authorized representative of a member

RENE PIERRE LESPERT

Typed or printed name of signee