## 110000162746

(Requestor's Name)
. (Address)
· · · · · · · · · · · · · · · · · · ·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400317585984

08/04/18--01013--001 \*\*125.00

19 CEP - I. PM 1: 58

N COOPER. SEP 1 0 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIND-BEACH INVE	SIMEDIE	5 + 20G, LLC	_	
(.vame of the Limit	A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number L1600162		were filed on 8 28 18 and a	assigned	
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of		<del></del>		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:		21 EDERWATER DRIVE		_
(Principal office address MUST BE A STREE	T ADDRESS)	LORAL GABLES, FL 33133	<u> </u>	<u></u>
Enter new mailing address, if applicable:		21 EDGEWATER DRIVE # 103		
(Mailing address MAY BE A POST OFFICE BOX)		CURAL GABLES, PL 3313	<u></u> >ろ	_
B. If amending the registered agent and/or the new registered of	or registered o lice address her	ffice address on our records, enter the name:e:	18 the	OLAISON OF C
Name of New Registered Agent:			<del>-</del> -	
New Registered Office Address:			<u>-</u>	PORALIONS
		Enter Florida street address	açi∉ Cu	E FOR
		, Florida	<del></del>	
		City Zip Coc	ie	

## 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
MGR	JOAQUIN E. FERNANDER	NO315 NW SLOTH STREET	
		DORAL, PL 33178	Remove
			☐ Change
			🗆 Add
			🗆 Remove
			🗆 Change
			Add
			Remove
			🗆 Change
		<del></del>	Aðd
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			🗆 Add
			Remove
			Change
		<del></del>	Add
			□ Remove
			Change

•	<u></u>		
			_
		<del></del>	-
			_
			_
			_
			-
			_
			-
		<del>_</del> =	. 9
		<u>ς</u>	isi
		<del></del>	- 2
		<del>_</del> _	먉
		72	25.
		<u>-</u> K	- 97 - 97 v
		<u></u>	<u> </u>
		<del></del>	-0.
			_
		<u> </u>	-
Effec	tive date, if other than the date of filing: 28 18 (optional)		
Note	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	not be list	5.020 ted as
docu	nent's effective date on the Department of State's records.		
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	the earli	er o
Th	90th day after the record is filed.		
Date	RILLIA ROMERO  ROXANA ROMERO		
	$\gamma$		
	VAULU King KIC		
	Katican ( or rece		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00