## 116000184806

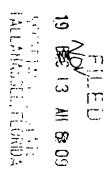
(Requestor's Name)
(Address)
(Address)
( dailess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100336618351

11/13/19--01015--009 \*\*25.00



DEC 12 2019 S. YOUNG

## **COVER LETTER**

Division	of Corporations	
WHI SUBJECT:	ITESANDS 2025 LLC	
	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	DANIEL VIELLEVILLE	
	Name of Person	
	ASSOULINE & BERLOWE P.A.	
	Firm/Company	
	100 S.E. 2ND ST., SUITE 3105	
	Address	
	MIAMI, FL 33131	
	City/State and Zip Code DEV@ASSOULINEBERLOWE.COM	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call;	
DANIEL VIELLE	Name of Person Area Code Daytime Telephone Number	
}	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITESANDS 2025 LLC

(Name of the Limited Liab	ility Company as it now appears on our records.)
(A rion	da Elimited Elaointy Company)
The Articles of Organization for this Limited Liability	Company were filed on OCTOBER 4, 2016 8 and assigned
Florida document number L16000184806	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del>_</del>
D IS an address the second country and for a	internal officer address or an arrange anton the name of the name
B. It amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> <u>ldress here</u> :
· · ·	
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, 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>	Type of Action
MGR	CARLOS LOPEZ	Two Brickell City Centre, 78 SW 7th St., Suite 500, Miami, FL,	
			Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
		<del> </del>	Remove
			☐ Change
		<del></del>	Add
			Remove
			Change
			Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an ei Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Povember 12 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00