L16000193240

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COVER LETTER

Division	n of Corporations		
UM SUBJECT:	MA AVENTURA LLC		
30bjec1	Name of Limited Liability Company		
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.		
Please return all o	correspondence concerning this matter to the following:		
	Roberto Alves De Lima		
	Name of Person		
	Uma Aventura LLC		
	Firm/Company		
	18851NE 29Th Ave		
	Address		
	AventuraFL 33180		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)	<u> </u>	
For further inforn	mation concerning this matter, please call:	2017 KAR	77
SteveLuk	786 201 0278		Spanners Spanners in
	Name of Person Area Code Daytime Telephone Number		
Enclosed is a chec	cek for the following amount:	IDA ··	
■ \$25.00 Filing	g Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 Fi	of Status &	

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

UMA AventuraLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/19/2016 and assigned Florida document number ___L16000193240 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: New Registered Office Address: Enter Florida street address Florida

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.

City

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
AMBR	Steve Luk	15811 Collins Ave 406	■ Add
		Sunny Isles Beach FL 33160	□ Remove
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