Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VDT CORPORATE SERVICES

Account Number : I20180000047

Phone Fax Number : (305)878-1516 : (786)542-5995

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. - ;

Email	Addr	ess:	١.
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: **BISCAYNE BLVD 2009 3702 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO:	***				
		CAYNE	BLVD 2009 3702 LLC		
SUB	JECT:		Name of Limi	ted Liability Company	<u> </u>
The	enclosed Art	icles of A	mendment and fee(s) are sub	nitted for filing.	
Pleas	se return all c	co rre spone	dence concerning this matter (to the following:	
			JOAO PEDRO VOLZ		
			VDT CORPORATE SERVICE	Name of Person CES LLC	
			150 SE 2ND AVE SUITE 90	Pirm/Compuny 06	
	BISCAYNE BLVD 2009 3702 LLC Name of Limited Liability Company et enclosed Articles of Amendment and fee(s) are submitted for filing. asserteurn all correspondence concerning this matter to the following: JOAO PEDRO VOLZ Name of Person				
			MANAGEMENT@SAINTJO		
Б		.•	•	•	(iffcation)
			icerning this matter, please ce		
		Name of I	Person		ne Telephone Number
Encl	osed is a che	ck for the	following amount:		
₽ ;	\$25.00 Filing	z Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registrat Division P.O. Box	ion Section of Corporations : 6327	Registration Sect Division of Corpo Clifton Building 2661 Executive C	ion orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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tion "LLC" or the abbreviation."L.L.C."
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records, enter the name of the
reet address
eer Memilens

New Registered Agent's Signature. If changing Registered Agent:

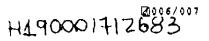
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

Page 1 of 3

MGR = Manager

AMBR = Authorized Member



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
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		SAO PAULO, SP 01456-010 BR	
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	7/2019					
ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot	be prior to d	ate of filing o	r more than 9	(option days after (i	al) ing.) Pursua	ani to 605.03
e; If the date inserted in this block does not meet the ument's effective date on the Department of State's re-	: applicable	statutory (ling require	ments, this d	ace will no	ot be listed
record specifies a delayed effective date, b he 90th day after the record is filed.	out not a	n effe ctiv	e time, at	1 2 :01 a.ı	n. on th	e earlier
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Filing Fee: \$25.00