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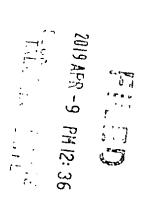
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R. WHITE APR 1 6 2019



COVER LETTER

PD Towe	er 705, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arturo Altamirano		
		Name of Person	
	PD Tower 705, LLC		
		Firm/Company	
	18555 Collins Avenue, Un	it 1005	
		Address	
·	Sunny Isles Beach, FL 331	60	
	arturoaltamirano@hotmail.c	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Arturo Altamirano		305 607-7456 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
	-	5 6 6 6 6 6 7 7 7 7 6	5 640 00 000 00
□ \$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)

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 APR -9 PM 12: 36

PD Tower 705, LLC

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

	(A Florida Limited Liability Co	ompany)	
The Articles of Organization for this Limited I	Liability Company were file	d on 12/06/2016	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE)	 E ROX)		
(Mailing address MAY BE A POST OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, <u>e</u>	nter the name of the r
Name of New Registered Agent:	Arturo Altamirano	,	
New Registered Office Address:	18555 Collins Avenue, U	nit 1005	
· · · ·		Enter Florida street address	
	Sunny Isles	, Florid	la 33160
	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

Page 1 of 3

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	Arturo Andres Altamirano	17885 Collins Avenue, Apt 3302	
		Supply Island El 22140	
		Sunny Isles, FL 33160	☐ Remove
			
			Change
			
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			Change

D. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an effective date i Note: If the date	optional) s 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)(1) inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tive date on the Department of State's records.
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: y after the record is filed.
Dated April 8	2019
	a. Alfaharano.
	Signature of a tiember or authorized representative of a member
Arturo	o Altamirano

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00