## L17000015344

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## **COVER LETTER**

Japan lnn i	Plantation, LLC		
obsider.	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Raul Gastesi, Jr., Esq.		
		Name of Person	
	Gastesi & Associates, PA		
		Firm/Company	
	8105 Nw 155 Street		
		Address	
	Miami Lakes, FL 33016		
		City/State and Zip Code	*
	rgastesi@gastesi.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Raul Gastesi Jr.		305 818-9993	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	ha following amount:		
	-		<b>-</b>
■ \$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

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

Japan Inn Plantation, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company)	J
The Articles of Organization for this Limited Liability	Company were filed on January 19, 2017	and assigned
Florida document number L17000015344		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Liu	nited Liability Company," the designation "LI.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida 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>	Address	Type of Action
MGR	Vitor Manuel Goncalves De Sousa	1100 Park Central Blvd. South	□ Add
	· · · · · · · · · · · · · · · · · · ·	Suite 3300	□ Remove
		Pompano Beach, FL 33064	■ Change
			Add
			☐ Remove
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Effective date, if other than the office an effective date is listed, the date must	late of filing:		31: 4L 0/	(optional)	Dumuant to 405 020
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document's effective date on the De	faitment of State s fee	Joids.			
he record specifies a delayed		it not an effe	ective time, at	12:01 a.m. o	n the earlier of
The 90th day after the reco	ra is mea.		f		
Dated March 10	2017		11		
	•	The	b		
	Signature of a member of	rauthorized repre	sentative of a memb	per	<del></del> -
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Filing Fee: \$25.00