

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)817-8383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number : T20110000064 : (305)381-8500 Phone

Fax Number : (305)381-6225

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

Email Address: bpcrcz@marcellfelipc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARAISO BAY UNIT 2104 LLC

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Certificate of Status	0
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Estimated Charge	\$25.00

EXAMINER

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

PARAISO BAY UNIT 2104 LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 01/26/2017	aı	nd assig	gned
Florida document number L17000020544				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here;			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviat	ion "L.L.	C."
Enter new principal offices address, if applicable:	801 BRICKELL KEY BLVD #2403			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131			
Enter new mailing address, if applicable:	801 BRICKELL KEY BLVD #2403	ALL A	2016 A	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131		_0γ 	
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B. If amending the registered agent and/or registered of	effect address on our records and	고 교육	A	[T]
registered agent and/or the new registered office address her	e:	DRIE!	8: 57	The men
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida _		<i>r</i>	
	City:	Zif	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	Carlos Alberto Mejia		Add
			■ Remove
			Change
MGR	Claudia Mejia-Albert	801 Brickell Key Blvd #2403 Miami, FL 33131	Add
			Remove
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			☐ Change
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