Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE SCHIFFMAN LAW GROUP, P.A.

Account Number: I2000000100 Phone : (305)682-1328

Fax Number : (305)682-0063

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HB 2704, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO;	Registration Division of C				
S11121	HB 2704	, LLC			
5000	isci:	Name of Lim	ited Liability Company		
The e	nclosed Anicles o	of Amendment and fee(s) are sub	mitted for filing.		
Picase	return all corres	pondence concerning this matter	to the following:		
		Adam R. Schiffman, Esqu	ire		
			Name of Person		
		The Schiffman Law Group	ı, P.A.		
			Firm/Company		
2875 NE 191 Street Suite 500					
		· · · · · · · · · · · · · · · · · · ·	Address	· · · · · · · · · · · · · · · · · · ·	
		Aventura FL 33180			
			City/State and Zip Code	······	
		adam@realatty.net			
		E-mail address: (to be used for future annual report notifi	cation)	
For fu	irther information	concerning this matter, please co	all:		
Adan	n R. Schiffman, E	squire	305 682-1328		
Name of Person			at () Area Code Daytime	Telephone Number	
Enclo	sed is a check for	the following amount:			
□ \$:	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

To: 18506176383 From: 13056820063 Date: 03/09/17 Time: 8:54 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HB 2704, LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Anicles of Organization for this Limited Liability Company were filed on February 7, 2017	an	d assig	ned
Florida document number L17000030307			
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	e abbreviatio	n "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
		17	
	25-40 22-70	<u> </u>	£3.
Enter new mailing address, if applicable:	355		. %
(Mailing address MAY BE A POST OFFICE BOX)	SE SE	(E)	7
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	<u> </u>	Ç 5	1 3 40
B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	er the na	nts of	the ner
Name of New Registered Agent:	<u></u>		
New Registered Office Address:			
Enter Florida street address			
, Florida			
City New Paristered Agent's Signature if changing Degistered Agent:	Zip C	Code	

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

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To: 18506176383 From: 13056820063 Date: 03/09/17 Time: 8:54 AM Page: 04/05

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

Title	<u>Nume</u>	Address	Type of Action
MGRM	Karina D'Alessandro	2875 NE 191 Street #500	
•		Aventura, FL 33180	□ Remove
			Change
MGRM	Andrea D'Alessandro	2875 NE 191 Street #500	B Add
		Aventura FL 33180	Remove
			☐ Change
MGRM	Maria V. Ramirez Montes	2875 NE 191 Street #500	
		Aventura FL 33180	■ Remove
			7 Change
MGRM	Angel F Costa Sarmiento	2875 NE 191 Street #500	S D Add
		Aventurn FL 33180	Rumove
			OR CHAnge
MGRM	Alejandro R Gomez de Cuenca	2875 NE 191 Street #500	Add
		Aventura FL 33180	■ Remove
			Change
	Alejandro R Gomez de Cuenca		Add
			□ Remove
		<u> </u>	☐ Change

To: 18506176383 From: 13056820063 Date: 03/09/17 Time: 8:54 AM Page: 05/05

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fective date, if other than the date n effective date is listed, the date must be sp ote: If the date inserted in this block di cument's effective date on the Departi	ecific and cannot be prior to see not meet the applicab	date of filing or more than the statutory filing require	(optional) 70 days after filing.) ements, this date-w	Porsnant (dll not be	o 605,020 e listed a
record specifies a delayed effe The 90th day after the record i	ective date, but not s s filed.	an effective time, a	t 12:01 a.m. o	n the e	arlier
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nted March 9 Signs	iture of a member or authori	zeun presentative of a mer	Moder		2

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Filing Fee: \$25.00