L17000042786

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

COVERLETTER

TO:

| | Registration Se Division of Cor | | | | | |
|------------------------------|------------------------------------|---|---|--|--|--|
| eun ie <i>c</i> | BISCAY 30 | 05 LLC | | | | |
| SUBJEC | .T: | Name of Lim | ited Liability Company | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | | | |
| | | н | ERNAN GAMBERTOGLIO | | | |
| | | | Name of Person | | | |
| | | ONE KE | Y PROPERTY MANAGEMENT | | | |
| | | | | | | |
| 1100 BRICKELL BAY DR #310546 | | | | | | |
| | | | Address | | | |
| | | N | MIAMI FLORIDA 33231 | | | |
| | City/State and Zip Code | | | | | |
| | | | info@onekeypmllc.com to be used for future annual report no | *Continu | | |
| For furthe | er information c | e-mail address: (| • | uncanon) | | |
| | /IA APONTE | • | 305 440 9834 at () | | | |
| | Name of | f Person | | me Telephone Number | | |
| Enclosed | is a check for th | ne following amount: | | | | |
| ■ \$25.0 | 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ection | | |
| | Division of C | | Division of Co | | | |
| | P.O. Box 632 | | The Centre of | | | |
| | Tallahassee, I | ¹ L 32314 | 2415 N. Monro | oe Street, Suite 810 | | |

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

| BIS | CAY 305 LLC | | | |
|---|--|---|-------------------------|----------------------|
| (Name of the Lim | Ited Liability Compa (A Florida Limited | any as it now appears on ou Liability Company) | r records.) | |
| The Articles of Organization for this Limited I | iability Company | were filed on02/23/2 | 2017 | and assigne |
| Florida document numberL17000042786 | · | | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | of the limited lish | ollity company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designati | on "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applie | 1100 BRICKELL BAY | DR #310546 | | |
| (Principal office address MUST BE A STRE | MIAMI FLORIDA 332 | 231 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>: BOX)</u> | 1100 BRICKELL BAY MIAMI FLORIDA 332 | | SECRETARS |
| B. If amending the registered agent and/or agent and/or the new registered office addresses | | address on our records | , <u>enter the nan</u> | 연인 🖭 💌 |
| Name of New Registered Agent: | ONE KEY PRO | OPERTY MANANGEME | ENT | |
| New Registered Office Address: | 1100 BRICKE | LL BAY DR #310546 | | |
| | | Enter Florida stre | | |
| | MIAMI | City | , Florida ³³ | 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 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 to 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.

Toousigned by:

Human Gamburtoglio

OBEESSD9ES36472.

If Changing Registered Agent, Signature of New Registered Agent

| or removed from our records: | |
|------------------------------|--|

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Act |
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| Effec | tive date, if other | than the date | of filing: | | | | (optio | nal) | |
| lf an ci | tive date, if other ffective date is listed, the late inserted | ne date must be sp | pecific and ca | nnot be prior | to date of i | iling or more that | n 90 days after f | iling.) Pursuant t | 0 605.0 |
| | ment's effective date | | | | | ory ming roqu | irements, uns | CHAC WIT HOT C | , 115000 |
| | | | | | | | | | |
| e reco | ord specifies a delaye filed. | xd effective date | e, but not an | effective t | ime, at 12: | 01 a.m. on the | earlier of: (b) | The 90th day | after |
| | ç | | | | | | | | |
| | | /19/2022 | | | | | | | |
| Dated | i | | | | | :uSigned by: | | | |
| Dated | i | | | | —· tur | :usigned by: Nah Gambi | rtoglio | | |
| Dated | i | | | nber or auth | Hur | cusigned by: NAN Gamble EASONESSAUTO escentative of a m | rtoglio _{ember} | | _ |