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| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nai | me)         |
| (Doc                      | cument Number)    | )           |
| Certified Copies          | Certificate       | s of Status |
| Special Instructions to F | Filing Officer:   | .,,,====    |
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Office Use Only



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## **COVER LETTER**

| Division of Cor                 | porations                                    |   |  |
|---------------------------------|--|---|--|
| CUDIECT.                        | VIZC   | AYNE 2209, LLC  |  |
| SUBJECT:                        | Name of Lim                                  | ited Liability Company  | <del></del>  |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo      | ondence concerning this matter               | to the following:   |  |
|                                 | PEDRO P. SAEZ                                |   |  |
|                                 |  | Name of Person  | <del></del>  |
|                                 | SAEZ & ASSOCIATES                            |   |  |
|                                 |  | Firm/Company  |  |
| 777 BRICKELL AVENUE, SUITE 1110 |  |   |  |
|                                 |  | Address   |  |
|                                 | MIAMI, FL 33131                              |   |  |
|                                 |  | City/State and Zip Code   |  |
|                                 | PSAEZ@SAEZLAW.COM                            |   | - <del></del>  |
|                                 | E-mail address: (                            | to be used for future annual report notific                         | ation)   |
| For further information of      | oncerning this matter, please ca             | all;  |  |
| MAITE MENDOZA                   |  | 305 3580028<br>at ( )   |  |
| Name o                          | f Person                                     |   | Celephone Number   |
| Enclosed is a check for the     | he 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:

TO:

**Registration Section** 

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

| (Name of the Lim  |   | NE 2209, LLC<br>pany as it now appears on ou<br>I Liability Company) | r records.)              |  |
|---|---|--|--------------------------|--|
| The Articles of Organization for this Limited I                                       | Liability Compan                        | y were filed on $\frac{03/28/201}{1}$                                |                          | and assigned   |
| This amendment is submitted to amend the fol  | lowing:                                 |  |                          |  |
| A. If amending name, enter the new name   | of the limited lia                      | bility company here:   |                          |  |
| N/A   |   |  |                          |  |
| The new name must be distinguishable and contain the                                  | words "Limited Lial                     | oility Company," the designati                                       | on "LLC" or the abbrevia | tion "L.L.C."  |
| Enter new principal offices address, if appli   | cable:                                  | N/A  |                          | and a second sec |
| (Principal office address MUST BE A STRE  | ffice address MUST BE A STREET ADDRESS) |  |                          |  |
|   |   | <del></del>  |                          |  |
|   |   | N/A  |                          |  |
| Enter new mailing address, if applicable:   |   | 14/71  |                          |  |
| (Mailing address MAY BE A POST OFFICE   | S BOX)                                  | <del></del>  |                          |  |
| B. If amending the registered agent and registered agent and/or the new registered of |   |  | records, enter the       | name of the new  |
| Name of New Registered Agent:   | N/A                                     |  |                          |  |
| New Registered Office Address:  |   | Enter Florida stre   | et address               |  |
|   |   |  | , Florida                |  |
|   |   | City   | , 1101101                | o 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>          | <u>Address</u>      | Type of Action |
|--------------|----------------------|---------------------|----------------|
| MGR          | CIALONE, NESTOR G    | 777 BRICKELL AVENUE | Add            |
|              |                      | SUITE 1110          | ■ Remove       |
|              |                      | MIAMI, FL. 33131    | Change         |
| MGR          | EVERGLADES 2902, LLC | 777 BRICKELL AVENUE | ■ Add          |
|              |                      | SUITE 1110          | □ Remove       |
|              |                      | MIAMI, FL. 33131    | ☐ Change       |
|              |                      |                     | Add            |
|              |                      |                     | □ Remove       |
|              |                      |                     | ☐ Change       |
|              |                      |                     | Add²           |
|              | ****                 |                     | ☐ Remove       |
|              |                      |                     | Change         |
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| _       |  |                                       |                   | ·-  |  |   |
| Note: I | re date, if other than the contive date is listed, the date must f the date inserted in this bloomt's effective date on the Depart | ck does not meet the                  | e applicable stat | filing or more than sutory filing require | (optional)<br>0 days after filing.)<br>ements, this date v | Pursuant to 605.0207 (3<br>vill not be listed as th   |
|         | ord specifies a delayed<br>90th day after the reco   |                                       | but not an ef     | fective time, a                           | : 12:01 a.m. o   | n the earlier of:   |
| Dated _ | 05/12  | 201                                   | 7                 |   |  |   |
|         | A A A A A A A A A A A A A A A A A A A  | · · · · · · · · · · · · · · · · · · · | 7) (2             | in  |  |   |
|         |  |                                       |                   | resentative of a men                      | ,  |   |

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Typed or printed name of signee

Filing Fee: \$25.00