## L170000 75155

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MAR 27 COUR T. LEWIEUX

## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT:		AT 27TH LLC				
SOBSECT.	Name of Limited Liability Company					
he enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
lease return	all correspo	ndence concerning this matter	to the following:			
		Alfred Xiques				
		Garcia & Xiques PA	Name of Person			
		2950 SW 27th Avenue, Sui	Firm/Company te 100			
		Address Miami, FL 33133				
		axiques@rptgfla.com	City/State and Zip Code			
for further i	nformation co	n-man address: (i oneerning this matter, please ea	•	used for future annual report notification)		
Alfredo Xiq	lues		305 358-4800			
	Name of	f Person		e Telephone Number		
Enclosed is a	a check for th	ne following amount:				
\$25.001	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)		
	MAILI	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

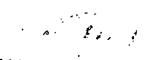
TO:

Registration Section

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 Limited Liability Company as it now appears on our records.)



LINCOLN AT 27TH LLC

FILED

	(A Florida Limited Liability Company)	2019 MAR 18 🗗 🎅 📴 q
The Articles of Organization for this Limited Li Florida document number L17000075155	ability Company were filed on 04/05/201	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	· ·	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	× 100	, Florida
	City	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>	<u>Address</u>	Type of Action
MGR	Claudia DeSouza	2828 Coral Way, Suite 303 Miami, FL 33145	<b>_</b>
			□ Remove
мер	Horacio Cruz	2828 Coral Way , Suite 303	Change
MGR		Miami, FL 33145	
			■ Remove
			Change
			☐ Remove
			Change
	<del></del>		□ Add
			☐ Remove
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			Remove
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cc .	
inect an eff	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
	February 22 2019
Dated	···········
alca	

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Typed or printed name of signee

Filing Fee: \$25.00