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APPROVED AND FILED

COVER LETTER

TO: Registration Division, of C		•			
	AWK 720, LLC				
SUBJECT:	Name of Lim	Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	JOSE L. BALOYRA				
	BALOYRA LAW	Name of Person	2019 APR 12 PH		
	201 Alhambra Circle, Suite	Firm/Company e 601	12 PH		
	Coral Gables, Florida 3313	Address 34	3: 08		
	jbaloyra@baloyralaw.com	City/State and Zip Code			
		to be used for future annual report notif	cation)		
For further information	concerning this matter, please c	all:			
Jose L. Baloyra		305 442-4142 at ()			
Name	e of Person	Area Code Daytime	Telephone Number		
Enclosed 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)		
			NR		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAYHAWK 720, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L17000117158.	any were filed on 05/26/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	201
The new name must be distinguishable and contain the words "Limited LEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		or the abbreviation L.L.C." PP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Form Fig. 11	
	Enter Florida street address	
	. Flori	ida
	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 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>Name</u>	<u>Address</u>	Type of Action
AR	LUIS D'EMPAIRE	720 Grayhawk Ave Plantation, Fl 33324	
			□ Remove
-	ANA HOFFMAN	720 Combanda A	Change
AR	ANA HOLLMAN	720 Grayhawk Ave Plantation, Fl 33324	Add
			□ Remove
			
			ZOLGAPR APP
			Romove Ro
			Claringe Cla
12			□ Add
		-	□ Remove
			Change
			Remove
			Change
			□ Remove
			Change

THE LLC BUT SHALL HAVE NO PO	OWER TO CONTRACT ON	BEHALF OF THE COM	IPANY.	
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fective date, if other than the date of fi in effective date is listed, the date must be specific	iting:e and cannot be prior to date of f		tional) er filing.) Pursuant to 605.	.0207 (3
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cument's effective date on the Department	of State's records.			
record specifies a delayed effectiv The 90th day after the record is file		ective time, at 12:01	a.m. on the earlie	er of:
The Sour day dicer the record is in	cu.			
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Typed or printed name of signee

Filing Fee: \$25.00