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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	136NW91AV#103 LLC Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	LUISANOVAS	
	Name of Person	
	138 NW91 AV#103 LLC	
	7961 NW14 So	
	Address	
	DORAL FL 33126 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	2018 15.3
For further information of	concerning this matter, please call:	a 2 b
201	SANOVAS 305 721 7619	\triangleright
Name o	of Person Area Code Daytime Telephone Number	ू इ उ
Enclosed is a check for the	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certificate of Status	tatus &

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

(Name of the Limited Liability Company as it now appears on our records.)

(A F	forida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L17 6001517</u>	
This amendment is submitted to amend the following	of:
A. If amending name, enter the new name of the	# Ilmited liability company here: 9 AVUNIT 103 LLC "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records, enter the name of the new address here:
	. 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

Title	Name	Address	Type of Action
			□ Remove
			□ Change
			□ Remove
			Change
			_□ Add
			Remove
			Change
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Filing Fee: \$25.00