To: 18506176383 From: 13056820063 Date: 07/20/17 Time: 10:16 AM Page: 01/05

7/20/2017

Division of Corporations

## Florida Department of State Division of Colorations Elegationic Filling Cover Sheet

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	Fax Number : (850)617-6383	2- A	] ][
From:		3	L
	Account Name : THE SCHIFFMAN LAW GROUP, P.A.	925	$\sim$
	Account Number : I2000000100	~;~;	0
	Phone : (305)682-1328	: "	]>=
	Fax Number : (305)682-0063		<u> </u>
		<u> </u>	ö
**Enter	r the email address for this business entity to be used for fut nnual report mailings. Enter only one email address please.**	ur <del>ę</del>	<b>5</b>
	mail Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BISCAYA 504, LLC

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## **COVER LETTER**

TO:	Registration Sec Division of Corp	tion prations			
	Biscaya 504,	LLC			
SUBJECT:Name of Limited Liability Company					
The en	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please	return all correspor	ndence concerning this matter to	o the following:		
		Adam R. Schiffman, Esquir	e		
			Name of Person		
		The Schiffman Law Group,	P.A.		
Finn/Cumpany					
2875 NE 191 Street, Suite 500					
Address Aventura, FL 33180					
		adam@realatty.net E-mail address: (t	o be used for future annual report noti	fication)	
For fu	erther information c	oncorning this matter, please ea	sil:		
Adam R. Schiffman, Esquire		305 682-1328			
	Name o	l Person	at ()	e Telephone Number	
Enclo	sed is a check for t	he following amount:			
□ <b>s</b>	25.00 Filing Fee	S30.00 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)	
	Regist	ING ADDRESS: ration Section	STREET/COUR Registration Section Division of Compo	on	

Division of Corpora P.O. Box 6327 Tallahassee, FL 32314 Cliston Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Biscaya 504, LLC				
(Name of the Limited L	ns it now appears on olity Company)	our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number L17000152555	ere filed on <sup>July 17</sup>	, 2017	_ and assigned	l
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	nation "LLC" or the abbr	cviation "L.L.C."	<del></del>
Enter new principal offices address, if applicable:			<del></del>	7
(Principal office address MUST BE A STREET ADDRESS)				
			Original N	
	•			(Tangers
Enter new mailing address, if applicable:			<u> </u>	[ ] }
(Mailing address MAY BE A POST OFFICE BOX)			G;; <b>G</b> :	, ira a. It
INTERILIBLE HOUSE OF THE A POST OF THE POST			다. <b>다</b>	
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on ou	ur recards, <u>enter t</u>	he name of t	he new
New Registered Office Address:				
New Megisters Office Modess.	Enter Florida street address			
	1 <b>1</b> )	, Florida		
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Cha	v duties, and I am fo apter 605, F.S. Or, (	imiliar with ai If this docume	ાર્લ

If Changing Registered Agent, Signature of New Registered Agent

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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

		A didaman	Type of Action
<u>Title</u>	Name	Address	Type of Action
MGR	Luidmila Krapivina	2875 NE 191 Street, #500	
		Aventura, FL 33180	Remove
			Change
			□ Add
			Remove
			Cliange
			□ Add
			Remove
		<u>"</u>	Change
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			Remove Conge
			Add
			□ Всточе
			Change

Date: 07/20/17 Time: 10:16 AM Page: 05/05 To: 18506176383 From: 13056820063 D. If amending any other information, enter change(s) here: (Atuch additional sheets, if necessary.) \_ (optional) E. Effective date, if other than the date of filing: (optional)
((fran effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0297 (316) Note: If the date inserted in this block does not meet the applicable summory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated July 20 Signature of a member or authorized representative of a member

Adam R. Schiffman

Typed or printed name of signee

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Filing Fee: \$25.00