L17000163051

| (Requ | uestor's Name) | |
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| (Addi | ess) | |
| | ress) | <u> </u> |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Doc | ument Number) | |
| (500) | ament Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------------|--------------------------------------|---|---|---|
| ceus er | La Colonia I | Management, LLC | | |
| SUBJEC | .l: | Name of Limi | ted Liability Company | |
| The encl | losed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | eturn all correspor | ndence concerning this matter (| to the following: | |
| | | Danay Acevedo, Esq. | | |
| | | Miami Legal Firm | Name of Person | |
| | | 5757 Blue Lagoon Drive S | Firm/Company uite 320 | |
| | | Miami, Florida 33126 | Address | |
| | | | City/State and Zip Code | |
| | | E-mail address: (1 | to be used for future annual report notifi | cation) |
| For furtl | her information co | oncerning this matter, please ca | all: | |
| Danay A | Acevedo, Esq. | | 305 265-2266 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for th | e 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 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

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | inv as it now appears on our records.) Liability Company) | |
|--|--|---|
| The Articles of Organization for this Limited Liability Company | | and assigned |
| Florida document number L17000163051 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 40 1 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | - | |
| | | ~ (설립) (설립) |
| Enter new mailing address, if applicable: | | 72 73 90 00 00 00 00 00 00 00 00 00 00 00 00 |
| (Mailing address MAY BE A POST OFFICE BOX) | | f: (3) |
| | | 77 |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | enter the name of the |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | 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 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> | Address | Type of Action |
|--------------|------------------|--------------------------------------|----------------|
| MGR | Jenisbel Acevedo | 4901 SW 87 Avenue Miami, Fl 33165 | |
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| Effective date, if o | ther than the data | of filing: | | | (6 | ptional) | |
| If an effective date is li | sted, the date must be s | pecific and c | annot be prior to | date of filing or r | nore than 90 days | after filing.) Pursua | nt to 605.02 |
| Note: If the date in document's effective | serted in this block o e date on the Depart | toes not me ment of Sta | et the applicat ite's records. | ole statutory film | ig requirements | this date will not | , be listed |
| | | | | | | | |
| he record specifi | | | te, but not | an effective | time, at 12:0 |)1 a.m. on the | earlier |
| The 90th day | after the record | is filed. | | | | | |
| lune 26 | | | 2019 | | | | |
| Dated | | | 1 | _ • | | | |
| | | 1 | 1 | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00