LI7 000 165 239

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Doci	ument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	lling Officer:	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of Co			
CHATEA	AU 1100 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	VALERIA SHCVARTZM	IAN	
		Name of Person	
	LAW OFFICE OF VALE	RIA SCHVARTZMAN P.A.	
		Firm/Company	
	12550 BISCAYNE BLVD	, SUITE 406	
		Address	
	NORTH MIAMI, FLORII	DA, 33181	
	A A Sel Marris (Marrier Service and Assessment Service Assessment Serv	City/State and Zip Code	
	VALERIA@SCHVARTZN	MANLAW.COM to be used for future annual report notif	ication)
For further information	concerning this matter, please c	·	reality,
ANDRES CANELSOI		305 9740114 at ()	
Name	of Person	Area Code Daytime	e 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)
Regi	LING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Sectio Division of Corpor	n

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHATEAU 1100 LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Community Li7000165239	ompany were filed on08/02/2017	and assigned
Florida document number L17000165239	- ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	or the above viation "L.L.C."
Enter new principal offices address, if applicable:		SEP I.
(Principal office address MUST BE A STREET ADDR	ESS)	mo M
		PH IZ: 2
Enter new mailing address, if applicable:		DA DA
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regis		enter the name of the new
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lines 1 for that sireer than ess	
<u> </u>	, Flor	ida Zip Code
	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	CUBIZ LLC	12550 BYSCAYNE BLVD	∃ ∧dd
		SUITE 406	☐ Remove
		NORTH MIAMI, FL, 33181	☐ Change
MGR CASTRO, TOMAS	CASTRO, TOMAS	12550 BYSCAYNE BLVD	
		SUITE 406	□ Damaya
		NORTH MIAMI, FL, 33181	Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
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		,	Remove
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		·	Add
		.	☐ Remove
			Change

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E. Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of S	cannot be prior to date of filing or more than eet the applicable statutory filing requirate's records.	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(bements, this date will not be listed as the
If the record specifies a delayed effective (b) The 90th day after the record is filed.	ate, but not an effective time, a	t 12:01 a.m. on the earlier of:
Dated	9:03 AM	
Signature of a	onther or authorized representative of a me	mber
TOMAS CASTRO		
	Typed or printed name of signee	

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