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## **COVER LETTER**

2301 COLLINS 539 LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  VANINA MATEUS  Name of Person  2301 COLLINS 539 LLC  Firm/Company  5481 WILES RD STE 505  Address  COCONUT CREEK FL 33073  City/State and Zip Code  vanimat17@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  VANINA MATEUS  Name of Person  Telephone Number  Einclosed is a check for the following amount:		gistration Sec vision of Corp			
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Certificate of Status  Certified Copy  Certified Copy  Certified Copy  Certified Copy  Certified Copy			□ \$30,00 Filing Fee &		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

2301 COLLINS 539 LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company)	)
The Articles of Organization for this Limited Liability Company v	vere filed on 08/15/2017	and assigned
Florida document number L17000173994		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		JAN LE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		710
		, Q
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, ;	, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
new registered office requiess.	Enter Florida street address	
	, Flo	orida
	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
AMBR	Max Beach Corp. a BVI Corp.	5481 WILES RD STE 505	<b></b> _ Add
<u></u>		COCONUT CREEK FL 33073	Remove
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Effective date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or nore than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory (filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The 90th day after the record is filed.  November 10  2017  Wovember 10  2017  Signature of a member of authorized representative of a member.	•	
Effective date, if other than the date of filing:		<del></del> _
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David Rateurs.	e record specifies a delayed effective date, but not an effective time, at 12:03 The 90th day after the record is filed.	1 a.m. on the earlier o
Signature of a member or authorized representative of a member	Jan la Ferre.	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00