

L17000208275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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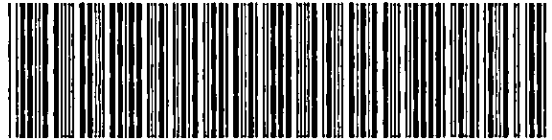
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY - 1 AM 9:59

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MAY 03 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 201 FONTAINEBLEAU 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:

OMAILDA CARDENAS

Name of Person

Firm/Company

1155 NW 123 CT, UNIT 601

Address

MIAMI, FL 33182

City/State and Zip Code

OMAILDACHAVEZ@YAHOO.ES

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAILDA CARDENAS

786 210-3907
at ()

Name of Person

Area Code

Daytime 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)

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**

201 FONTAINEBLEAU LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/09/2017 and assigned
Florida document number 117000208275.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OMaida CARDENAS

New Registered Office Address:

1155 NW 123 CT, UNIT 601

Enter Florida street address

MIAMI

Florida 33182

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>	<u>Address</u>	<u>Type of Action</u>
MGR	OMAILDA CHAVEZ	1155 NW 123 CT, UNIT 601	☐ Add
		MIAMI, FL 33182	☒ Remove
			☐ Change
MGR	OMAILDA CARDENAS	1155 NW 123 CT, UNIT 601	☒ Add
		MIAMI, FL 33182	☐ Remove
			☐ Change
			☐ Add
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			☐ Change

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 MAY - 1 AM 9:59

(If an 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 04/26 2018

Signature of a member or authorized representative of a member

OMIDA CALDENAS

Typed or printed name of signee