L17000216139

(Re	equestor's Name)
(Ad	idress)
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(Cit	ty/State/Zip/Phone #)
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(Bu	siness Entity Name)
(Ďc	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

Registration Section

Division of Corporations

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT:	AGUA BON	NITA LLC			
obbine i.		Name of Limi	ited Liability Company		<u> </u>
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing,		
Please return	all correspor	ndence concerning this matter	to the following:		
		MANUEL L. CRESPO, ES	SQ.		
			Name of Person		
		GREENSPOON MARDER	₹P.A.		
			Firm/Company		
		600 BRICKELL AVENUE	S. SUITE 3600		
			Address		
		MIAMI, FLORIDA 33131			
			City/State and Zip Code		
		MANNY.CRESPO@GMLA	AW.COM to be used for future annual	Land and Gradien	
				report nouncadon)	
for further ir	itormation co	incerning this matter, please ca	HI:		
MANUEL L	CRESPO, F	ESQ.	305 78	39-2770	
	Name of	Person	Area Code	Daytime Telephone Nu	ımber
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Cert closed) Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)
	MAILI	NG ADDRESS:	STREE	T/COURIER ADDRES	SS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITA	BONITA	110
AUIUA	BUNLLA	1.1.1.

(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 AUGUST 18, 2017 and assigned Florida document number $\frac{L17000216139}{}$ 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: MANUEL L. CRESPO, ESQ. Name of New Registered Agent: 600 BRICKELL AVENUE, SUITE 3600 New Registered Office Address: Enter Florida street address MIAMI

New Registered Agent's Signature, if changing Registered Agent:

'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> **Address** Type of Action <u>Name</u> □ Add □ Remove □ Change □ Add □ Remove ☐ Change 443 Remove 3 Change ₽p ∀qq © Q □ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Add

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Signature of a member of	r authorized r	epresentative of a n	iember		
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Filing Fee: \$25.00