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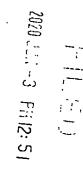
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Amend

JUN 1 9 2020 I ALBRITTON

COVER LETTER

TO: Registration Division of	n Section Corporations		
CIA BU	iena Vista LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
į	Sulay Garcia		
!		Name of Person	
	Ayala Law PA		
		Firm/Company	 .
	1390 Brickell Ave. Suite 3	335	
	· ** · · · · · · · · · · · · · · · · · ·	Address	
	Miami, FL 33131		
		City/State and Zip Code	
	sgareia@ayałalawpa.com E-mail address: (to be used for future annual report not	tification)
For further information	on concerning this matter, please c	all:	
Sulay Garcia		305 570-2208	
Nar	ne of Person		ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fed	© \$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)
<u>Mailing Add</u>	Iress:	Street Address:	
Registratio		Registration So	
P.O. Box (f Corporations 5327	Division of Co The Centre of	
Tallahasse	e, FL 32314		oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ClA Buena Vista LLC					
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)				
he Articles of Organization for this Limited Liability Company lorida document number <u>L17000242017</u> .	were filed on 11/27/2017	and assigned 12:51			
his amendment is submitted to amend the following:		, i.y.			
. If amending name, enter the new name of the limited liab	ility company here:	•			
ne new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."			
nter new principal offices address, if applicable:	2490 Coral Way				
Principal office address MUST BE A STREET ADDRESS)	Suite 402				
	Miami, Fl. 33145				
nter new mailing address, if applicable:	2490 Coral Way				
Mailing address MAY BE A POST OFFICE BOX)	Suite 402				
	Miami, FL 33145				
If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	name of the new register			
	. Florida)			
	City	Zip Code			
ew Registered Agent's Signature, if changing Registered Agent:					
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I opported for in Chapter 605, F.S.	am familiar with and Or, if this document is			
If Cha	pring Registered Agent. Signature of New	v 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 □Add □Remove _____ Change ___ 🗀 Add _____ □Change _____ □Remove _____ 🗀 Add _____ □Remove _____ □Change ____ 🗆 🗀 Add □Remove

_____ □Change

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Filing Fee: \$25.00