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Office Use Only



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12/29/20--01025--020 ++25.00

FILED 2020 DEC 29 NM 10: 33

2/5/21

COVER LETTER

TO: Registration S Division of Co			
ARIA ON	THE BAY 3100, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PEDRO P. SAEZ		
		Name of Person	
	SAEZ & ASSOCIATES		
		Firm/Company	
	777 BRICKELL AVE, SU	JITE 1110	
	****	Address	
	MIAMI, FL 33131		
	.	City/State and Zip Code	
	admin1@saezlaw.com		
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please of	all:	
MARIA ALEXANDR.	A SAYAGO	305 358-0028	
Name	of Person		ne 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	ess:	Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARIA ON THE BAY 3100, LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited I	Liability Compan	y were filed on 11/2	7/2017	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office	N/A e address on our reco	ords, <u>enter the nam</u>	FILED AN IO: e of the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida	street address	
			, Florida	
		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

Title	Name	Address	Type of Action
MGR	MARIA PATRICIA HANDAL FARAH	777 BRICKELL AVENUE, SUITE 1110	🗆 Add
		MIAM!, FL 33131	■Remove
			Change
MGR	VERONICA ZALAQUETT	690 LINCOLN RD #300	🗆 Add
		MIAMI BEACH, FL 33139	\alpha Remove
		······································	□ Çhan
MGR	WILLIAM ZALAQUETT	690 LINCOLN RD #300	
-		MIAMI BEACH, FL 33139	Remove T
			□Change □Ch
MGR	SOUTH PACIFIC MANAGEMENT LLC	777 BRICKELL AVENUE, SUITE 1110	
		MIAMI, FL 33131	□Remove
	N/A		□ Change
			□Add
		□Remove	
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	12/25/2020		
ctive date, if other than the d	late of filing:	[ling or more than 90 days after filing) 2) Pursuant to 605 02
1 If the date inserted in this block	ck does not meet the applicable statu	story filing requirements, this date	will not be listed
ment's effective date on the Dep	partment of State's records.		
•	date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) T	he 90th day after tl
filed.			
DECEMBER 25	2020		
d	,		
	Maria Patricia Han	dol	
		uuv	
<u></u>	ignature of a member or authorized repr	esentative of a member	

Filing Fee: \$25.00



Certificate of Authenticity

Session Information

Signing Session ID: 561157a9-bcd6-4b0a-9b22-a5d49dc0bt02

6305 Indian Creek Dr #4G Patty handal Farah

Session Title: Documentos de Patricia Handal

Documents:

Transaction Name:

Signers: 1 Status: Completed

Created On:

12/28/2020 4:20:22 PM EST 12/28/2020 4:31:25 PM EST

Owner:

William Zalaquett

Company:

Last Modified:

The Keyes Company

Signer Information

Maria Patricia Handal

Signature Events Signature

Diego,malky@eolinasdeachumani.com

Email Signer Security:

IP Address: 181.188.164,120

Maria Patricia Handal

ID: 6a890365-3ba6-40cb-be5c-e8t80b4d5285 Signed:

Timestamp

12/28/2020神記5:54 PM EST Sent:

12/28/2020-430:34 PM Viewed:

Disclosure: 12/28/2020 4:30:34 PM EST

12/28/2020 31:24 PM EST

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Session Documents

Document Signatures Initials Dates FormFields Dropdown Checkbox RadioButton MariaPatriciaHandalFarahCompanyAmendments.6.pdf

Session Activity

1		
Timestamp	IP Address	Activity
12/28/2020 4:31:25 PM EST	181.188.164.120	Session completed and closed by William Zalaquett
12/28/2020 4:31:24 PM EST	181.188.164.120	Signing Completed by Maria Patricia Handal (Diego.malky@colinasdeachumani.com)
12/28/2020 4:30:34 PM EST	181.188.164.120	Signature created and disclosure approved by Maria Patricia Handal (Diego.malky@colinasdeachumani.com)
12/28/2020 4:25:54 PM EST	207.244.187.127	Invitation sent to Maria Patricia Handal(Diego,malky@colinasdeachumani.com) by William Zalaquett
12/28/2020 4:25:54 PM EST	207.244.187.127	eSignOnline Session Created by William Zalaquett

Disclosure

Consumer Disclosure

Please read the information below regarding the terms and conditions of receiving documents, contracts, and disclosures electronically through the eSign Online electronic signature system. If this information is to your satisfaction and you agree to the terms and conditions, please confirm your acceptance and agreement by checking the box 'I Agree to the above Consumer Disclosure' and selecting the 'Create and Approve Signature button'.