

L17000250133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

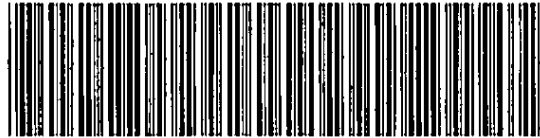
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2018 APR -2 P 12:06
FILING OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLAPATTAH PLACE, 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:

CARLOS DE CESPEDES

Name of Person

HALPEN RODRIGUEZ, LLP

Firm/Company

355 ALHAMBRA CIRCLE, SUITE 1001

Address

CORAL GBLES, FLORIDA, 33134

City/State and Zip Code

LUZGCH@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS DE CESPEDES

Name of Person

305 442-8883
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2018 APR -2 P 12:06
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALLAPATTAH PLACE, 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 12/6/17 and assigned
Florida document number 117000250133.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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	AMERICO D'AGOSTINI	1110 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 505	<input type="checkbox"/> Remove
		MIAMI, FL, 33131	<input type="checkbox"/> Change
MGR	DOMENICO ALBANO	1110 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE505	<input type="checkbox"/> Remove
		MIAMI, FL, 33131	<input type="checkbox"/> Change
MGR	LUZ GUILLARTE	301 ALMERIA AVENUE	<input checked="" type="checkbox"/> Add
		SUITE350	<input type="checkbox"/> Remove
		CORAL GABLES, FL, 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2010 MAR -2 12:10 PM
 MIAMI, FL
 1110 BRICKELL AVENUE
 SUITE 505

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2010 APR - 2 F
FALL 2010

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2010 APR - 2 PM 12:06
FBI - MEMPHIS
COMMUNICATIONS SECTION

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated March 28 2018

X _____
Signature of a member or authorized representative of a member

JOSE RAFAEL GAMEZ

Typed or printed name of signee