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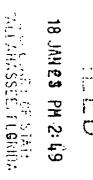
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· <del>_</del>

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## **COVER LETTER**

CUDICAT.	AREA ON	THE BAY 507 LLC		·				
SUBJECT:		Name of Limi	ited Liability Company	<del></del>				
The enclosed	l Articles of A	smendment and fee(s) are sub	mitted for filing.					
Please return	all correspor	dence concerning this matter	to the following:					
		ANTONIO L. CARRAL						
		- "	Name of Person					
		ARIA ON THE BAY 507	LLC					
			Firm/Company					
1800 N BAYSHORE DRIVE, # 404								
			Address					
		MIAMI, FL 33132						
		TONY@ROBLESINTERN	City/State and Zip Code ATIONAL.COM					
		•	to be used for future annual report notifi	cation)				
For further in	nformation co	oncerning this matter, please ca	all:					
ANTONIO	L. CARRAL		305 331-5014 at ()					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is	a check for th	e following amount:						
■ \$25.00 E	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:

TO: Registration Section

**Division of Corporations** 

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

AREA ON THE BAY 307 LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 01/11/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ARIA ON THE BAY 507 LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	C)	
TINCHIA OFICE HAD SINOSI BE A STREET ADDRES.	<u> </u>	<u>ــــــــــــــــــــــــــــــــــــ</u>
		AN .
nter new mailing address, if applicable:		755 <b>19</b>
Mailing address MAY BE A POST OFFICE BOX)		- TT
		70 0 C
		9
3. If amending the registered agent and/or registere	ed office address on our records.	enters the name of the n
egistered agent and/or the new registered office address		<u> </u>
Name of New Registered Agent:		
Twinte of New Registered regent.		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Flori	
	City	Zip Code

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

ADEA ON THE DAY SOTILED

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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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i effective	date is liste	d, the date	must be s	pecific and	l cannot b	e prior to	date of filir	ig or more t	han 90 days	after filing.) P	ursuant	10 605.020
	effective						e statutor	y ming re	quirements	, this date wi	II not b	e listed a
record	specifie	s a dela	yed eff	ective c	late, bi	ut not a	an effec	tive time	e, at 12:	01 a.m. or	the e	earlier c
he 90th	n day af	ter the	record	is filed.								
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00