L18000013174

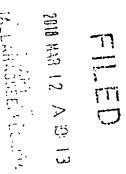
(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800310248648

03/12/19--01032--015 **25.00



D. SCOTT [:... 1.4 (8)2

COVER LETTER

TO:	Registration Sec Division of Corp			
CHD 117		F MOROSA CONDOMINIU	M L.L.C.	
SUBJEC	CT:		ited Liability Company	_
The enci	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		MARIA A RAMIREZ		
			Name of Person	
			Firm/Company	<u>.</u>
	6370 SIMMONS STREET			
			Address	
		MIAMI LAKES, FL 33014	4	
			City/State and Zip Code	
		cararam1@gmail.com		_ _
			to be used for future annual report notification)	
For furth	her information co	oncerning this matter, please ca	ail:	
MARIA	A RAMIREZ		305 733-9987	21
	Name of	f Person	Area Code Daytime Telephone Nu	imber 2017
Enclose	d is a check for th	e following amount:		
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, Contificate of Status & Contificate Copy Continual 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIT # 1 OF MOROSA CONDOMINIUM L.L.C.

(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 JANUARY 16, 2018 and assigned
Florida document number L18000013174	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
UNIT # 1 MOROSA L.L.C.	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad	ldress here:
	1 ≥
Name of New Registered Agent:	
New Registered Office Address:	$f_{ij} = 0$
New Registered Office Address.	Enter Florida street address
	-
	The state of the s
	City Florida Zip Code
New Registered Agent's Signature, if changing Register	City Florida - Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Fig Remove
			2
			5 D.Add
			⊡-Remove
			Change
			□ Add
		 	□ Remove
			□ Chango

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)	
-			
_			
_	· · · · · · · · · · · · · · · · · · ·		
_			
-			
· –			
_			
_			
_			
_			
-			
		•	
_		·	
_			
_		<u> </u>	
_			
		<u> </u>	 }
Der «	ve date, if other than the date of filing: (option cive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file.		د م
Effecti (If an effe	ve date, if other than the date of filing: (option ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	ial)≥' == ₹ ling.) Pursuant (ō 605.0207′i
Note:	I the date inserted in this block does not meet the applicable statutory lifting requirements, this c	late will not be	listed as t
docume	nt's effective date on the Department of State's records.		
			> ;=
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.i	m. ọn the é	arlier of:
ine	90th day after the record is filed.		ω.
Dated .	3/7/2018		
··			
	Signature of a member or authorized representative of a member		_
	Signature of a member or authorized representative of a member		
	Wapin H. KnniDES		
	Typed or printed name of signee		_

Page 3 of 3

Filing Fee: \$25.00