Feb 07 2018 04:16PM HP Fax Division of Corporations



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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: RECEIVED Division of Corporations Fax Number : (850)617-6383 FEB 0 7 2018 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107
Fax Number : (561)694-1639 **Bnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 8 Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5801 114 TERRACE, LLC Certificate of Status Certified Copy Page Count 04 \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5801 114 Terrace, LLC		
(Name of the Limited Liability C (A Fiorida Lin	ompany as it now appears on our recouted Liability Company)	(ds.)
The Articles of Organization for this Limited Liability Comp Florida document number L18000030152		and assigned
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 "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>5)</u>	· <u>}</u>
		2
	41	
Enter new mailing address, if applicable:	H <u>: </u>	
(Mailing address MAY BE A POST OFFICE BOX)		二. 登 0
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		06 06
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our record	ds, enter the name of the new
	<u> </u>	
Name of New Registered Agent:	•	
New Registered Office Address:	Enter Florida street addr	
·· ·	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, a as provided for in Chapter 605	and I am familiar with and F.S. Or, if this document is
	:	

Page 1 of 3

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>	Name	Address	Type of Action
Manager	AJS Real Estate, LLC	201 Alhambra Circle, Suite 1200	
		Coral Gables, FL 33134	■ Remove
			Change
Member	AJS Real Estate VI, LLC	201 Alhambra Circle, Suite 1200	
		Coral Gables, FL 33134	□ Remove
			Change
Managar	GABLES GROUP INVESTMENTS, LLC	201 Alhambra Ciryle, Suite 1200	
		Coral Gables, FL 33134	Remove
			Change
Member	GABLES GROUP INVESTMENTS, LLC	201 Alhambra Circle, Suite 1200	Add
		Coral Gables, FL 33134	☐ Remove
			Change
-			D Add
			D Remove
			Change
		<u>£,</u>	
			Remove
			Change

it amending any other informs	tion, enter change(s) here: (Attach ac	lditional sheets, if necessar	ツリ
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		-	
			
			7
		···	:
			
			
			
Note: If the date inserted in this blockment's effective date on the D	the specific and cannot be prior to date of filing ock does not meet the applicable statutory epartment of State's records. I effective date, but not an effective	Fling requirements, this date	will not be listed as t
January, 7th	2018		
hus	1		
Jon-Michael Sanchez,	Signature of a member or authorized represent	stive of a member	
·	Typed or printed name of signs	יט	
· ;	Page 3 of 3	-	
!	Filing Fee: \$25.00	-	