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	··	COVER LETTER					
то	Registration Section Division of Corporatio	ds	A	. •			
SII	ВЛЕСТ:	PLAZA MIDWOO	D VILLAGE, LLC	e e			
30	byrct:	Name of Lim	ited Liability Company				
The	enclosed Articles of Amenda	nent and fee(s) are sub	mitted for filing.				
Ple	ase return all correspondence	oncerning this matter	to the following:				
Ĭ		Luis R. Lasa III, Esq.					
			Name of Person	<u> </u>			
		Sordo & Associates, I	P.A.				
; 							
	Address						
Coconut Grove, FL 33133							
		llasa@sordolaw.com E-mail address: (t	o be used for future annual report n	otification)			
For	further information concerni		·	,			
- !	uis R. Lasa III, Esq.		305 859-8107				
+	Name of Person		at () Area Code Days	ime Telephone Number			
	·						
Enc	Josed is a check for the follo	ving amount:					
		0.00 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 A. Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[]	LITATA MILLAM	OOD VILLAGE, LEC		
	Name of the Limited Liabi	lity Company as it now appears da Limited Liability Company)	on our records.)	
	(A FIORIC	аа синиса гларицу Company)		
he Articles of Organization for	r this Limited Liability :	Company were filed on	2/9/2018	and assign
l ori da document number L18			·	
londa document number		·		
his amendment is submitted t	b amend the following:			
	_			
. If amending name, <u>enter</u>	he new name of the lin	nited liability company he	<u>re</u> :	
he new name must be distinguishah	le and contain the words "Lir	mited Liability Company," the de	signation "LLC" or the al	obreviation "L.L.C
				. :
nter new principal offices a				
Principal office address MUS	<u>T BE A STREET ADD</u>	<u></u>		
				,
nter new mailing address, i	f applicable:			
				
Mailing address MAY BE A	<u>POST OFFICE BOX)</u>			——, —
				- .
		istered office address on	our records, enter	the name of
egistered agent and/or the r	ew registered office add	<u>dress here</u> :		
				8 £
Name of New Regist	ered Agent:			HAR
	-			73
New Registered Offic	<u>e Address</u> :		 	
[Enter Flori	da street address	5
			. Florida	= [5
		City		Zip (
 ew Registered Agent's Signati	are, if changing Register	ed Agent:		3
	-		da street address Florida	20 AM 1
During and the second		·		3 cm
hereby accept the appointm	ent as registered agent	t and agree to act in this c	apacity. I further ag	ree to comply
rovisions of all statutes rela	tive to the proper and o	complete performance of i	ny duties, and Lam j	familiar with a
cept the obligations of my	position as registered a	agent as provided for in C	hapter 605, F.S. Or,	if this docume
eing filed to merely reflect a			v confirm that the lir	nited liability
ompany has been notified in	writing of this change	· .		
[
		If Changing Registered Age	nt Cianatura of Nav. D.	oulstoned Count
11		in Changing registered Ago	mi, <u>dign</u> ature of ive <u>v R</u> C	zgisteren Agent

or removed	i from our records	horized to manage, enter the title, name, and add	lress of each person being added
MGR = AMBR = A	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	031391, LLC	2828 Coral Way, Ste. 303	= Add
		Miami, Fl. 33145	□ Remove
			□ Change
			☐ Remove
			□ Change
			Add
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			Change
			
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			□ Change

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