1180000145462

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COVER LETTER

TO;	Registration Sec Division of Corp			•			
SHB IE	ACQUALIN	NA ESTATES, LLC					
30000	Name of Limited Liability Company						
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspor	ndence concerning this matter	to the following:				
		ALEJANDRO NUNEZ					
			Name of Person				
			Firm/Company				
113 ALMERIA AVENUE							
		CORAL GABLES, FL 331	Address 34				
		NUNEZANDPARTNERS@	City/State and Zip Code		0.7		
			to be used for future annual report notific	cation)	2019 . SEC	~71	
For furt	her information co	oncerning this matter, please ca	all:		JAN	Calena Calena Calena Calena	
ALEJA	NDRO NUNEZ		305 2443154 at ()		29	1	
	Name of		Area Code Daytime	Telephone Number	PH (2) (3)		
		e following amount:					
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		

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

ACQUALINA ESTATES, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 02/20/2018	and assigned
Florida document number L18000045462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
·UNIT 401 AT SUNNY ISLES, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the al	bbreviation "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 off	ice address on our records enter	the name of the new
registered agent and/or the new registered office address here		the name of the new
		2019 7A11
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	(n) N
	, Florida	3 1
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		∑ જા

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	Add
			☐ Remove
			Change
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			☐ Remove
			☐ Change
			☐ Add
			Remove SS Confidence Change
			
			□ Remove
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			Remove
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fective date, if other than the	date of filing:	01/01/2019		(nn	tional)		
an effective date is listed, the date musorte: If the date inserted in this blocument's effective date on the D	st be specific and o ock does not me	annot be prior to et the applicab		ore than 90 days aft	er filing.) Pursu		
e record specifies a delayed The 90th day after the rec		ite, but not	an effective	ime, at 12:01	a.m. on th	e earli	er of:
JANUARY 28	_	2019					
			-				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00