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COVER LETTER

TO:	Registration Se Division of Corp			A		
SUBJI		QUALINA, LLC				
3060		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
ř		ALEJANDRO NUNEZ				
			Name of Person			
			Firm/Company			
		113 ALMERIA AVENUE				
		CORAL GABLES, FL 33	Address			
		NUNEZANDPARTNERS@			2019 1355	
For fu	rther information co	E-mail address: (to be used for future annual report notificall:	cation)	JAN 29	11
ALEJ	ANDRO NUNEZ		305 2443154 at ()			
_	Name of	Person Person		Telephone Number	08.00 a	ζ
Enclos	sed is a check for th	e following amount:				
■ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate (Certified Co (additional co)	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

501 AT ACOUALINA, LLC (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 $\frac{02/22/2018}{1}$ and assigned Florida document number _ L18000047825 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UNIT 401, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	<u>Name</u>	Address	Type of Action
MGRM	ACQUALINA ESTATES, LLC	12295 SW 93RD AVENUE	
			□ Add
		MIAMI, FL 33176	
			Remove
	LIMIT 401 AT CHIMIN ICL CC	12206 CW 02DD AVENUE	
MGRM	UNIT 401 AT SUNNY ISLES, LLC	12295 SW 93RD AVENUE	-
		MIAMI, FL 33176	
		MIXMI, LE 33170	□ Remove
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be p k does not meet the ap	prior to date of filing or m plicable statutory filing	ore than 90 days after filing.) Pursuant to 605.02	
ne record specifies a delayed e The 90th day after the recor		not an effective t	ime, at 12:01 a.m.	on the earlier	of:
Dated JANUARY 28	2019	·····			
		42			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00