11800055517

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

	Registration Se Division of Cor			
		Development LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Ana Machado		
			Name of Person	
		CTC Management Service	s LLC	
			Firm/Company	
		220 Alhambra Circle		
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		amachado@mercantilete.co	m to be used for future annual report notif	ication)
For further	er information co	oncerning this matter, please ca		(Cattory)
Ana Mac	=-		305 4415545 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 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 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

ARIA 1017 Development LLC	_	
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	·
The Articles of Organization for this Limited Liability Florida document number L18000055517	Company were filed on 03/02/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
NA		·
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation L.C. L.C.
Enter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADL	ORESS)	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	NA	H 10: 57
3. If amending the registered agent and/or reg	gistered office address on our records.	enter the name of the na
egistered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent: NA		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	, FIOR	Zip Code

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.

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>	<u>Name</u>	Address	Type of Action
MGR	Mnoica Mendez	6870 Sunrise PL, Miami FL 33133	■ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
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			☐ Change

NA	
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	표 전: 257
	
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	05/25/2018
ective date, if other than the date	c of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6
e: If the date inserted in this block c	does not meet the applicable statutory filing requirements, this date will not be li
ument's effective date on the Depart	tment of State's records.
record specifies a delayed eff	fective date, but not an effective time, at 12:01 a.m. on the ear
he 90th day after the record	is filed.
ed	2018
4AUCM	whilebox
Sign	nature of a member or authorized representative of a member
	·

D.

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Filing Fee: \$25.00