118000094673

(Re	questor's Name)	
`		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
- (Bu	siness Entity Nan	ne)
(,,	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. PRATHER

COVER LETTER

	Registration Sec Division of Corp			
aun ma		TWO LLC		
SORIFC	T:	Name of Limi	ited Liability Company	-
The enclo	sed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		Antonio Zilio		
			Name of Person	
			Firm/Company	
		1900 N Bayshore Dr. 2117		
			Address	
		Miami, Florida 33132		
			City/State and Zip Code	
		zilioa@gmail.com		
		E-mail address: (t	to be used for future annual report noti-	fication)
For furthe	r information co	oncerning this matter, please ca	all:	
Anotnio 2			at ()	
	Name of	Person	Area Code Daytim	e 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



May 30, 2018

ANTONIO ZILIO 1900 N BAYSHORE DR 2117 MIAMI, FL 33132

SUBJECT: MIDTOWN BU TWO, LLC

Ref. Number: L18000094673

We have received your document for MIDTOWN BU TWO, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00011195

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	y Company as it now appears on our records. Limited Liability Company))
(A r101103	Eminted Liability Company)	د
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/16/2018	and assigned
Florida document number L18000094673	<u>_</u> :	والمراجعة المراجعة ا
This amendment is submitted to amend the following:		23
A. If amending name, enter the new name of the limit	ted liability company here:	2 4
Aventura Synergy Two LLC		•• O
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records,	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strect address	
	Flor	rida
	City	zip Coae

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 Roustored Aprel, 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	Carlota Zilio	1900 N Bayhosre Dr. Apt 2117	_ Add
		Miami, Florida 33132	☐ Remove
			Change
MGR	Yndira Perez	1900 N Bayshore Dr. Apt 2117	A dd
		Miami, Florida 33132	Remove
			☐ Change
			_ □ Remove
			Change
			Remove
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	h day after the									
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-		Signature	of a membe	ı or authoriz	ed representat	ive of a memb	er	b -	 =	
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	Antonio Zilio									

Page 3 of 3

Filing Fee: \$25.00