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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000166873 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205

: (305)416-6800 Phone

Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PTH BCC REACH 1806, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu Corporate Filing Menu

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ADAMS GALLINAR PA

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COVER LETTER

| TO: | Registration Sect Division of Corpo | ion orations | | | | |
|-------------|--|--|---|--|--|--|
| | | EACH 1806, LLC | | | | |
| SUBJE | CT: | Name of Limite | ed Liability Company | | | |
| The end | closed Articles of A | mendment and fee(s) are subm | sined for filing. | | | |
| Please | retum all correspon | dence concerning this matter to | o the following: | | | |
| | | Jose M. de la O | | | | |
| | | | Name of Person | | | |
| | | AGI Registered Agents, Inc | | | | |
| | | | Firm/Company | | | |
| | | 1000 Brickell Ave., Suite 3 | 00 | | | |
| | | Adaress | | | | |
| | | Miami, FL 33131 | | | | |
| | | | City/State and Zip Code | | | |
| | | jose@agi-ra.com | to be used for future annual report notif | ication) | | |
| | | | | 10011011, | | |
| For fu | rther information c | oncerning this matter, please or | | | | |
| Jose i | И, de la O | | 305 416-6800 at () Area Code Daytime | | | |
| | Name o | f Person | Area Code Daytime | : Telephone Number | | |
| Enclo | sed is a check for t | he following amount: | | | | |
| ■ \$ | 25.00 Filing Fcc | \$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) | | |
| | Regist | ING ADDRESS: | STREET/COURI Registration Section Division of Corpor | on _ | | |

Division of Corporations P.O. Bux 6327 Taliahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H18000166873 3)))

| (Name of the Limited Liability Compan (A Florida Limited L | ny as it now appears on our record liability Company) | <u>(\$.</u>) | | |
|--|--|------------------------|---|----------|
| The Articles of Organization for this Limited Liability Company | were filed on May 1, 2018 | a | nd assig | ned |
| Florida document number L18000109829 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LL | C" or the abbrevia | tion "L.L. | .C." |
| Enter new principal offices address, if applicable: | | 7. | 20 | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u></u> _ | <u> </u> |
| Fringpul office address wood be provided | | 第月 <u>外元</u> (3年 | ======================================= | |
| | | | <u> </u> | <u>}</u> |
| Enter new mailing address, if applicable: | | | 2 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u></u> | | |
| TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER | | _ <u></u> | <u> </u> | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | office address on our recor <u>re</u> : | ds, <u>enter the</u> | name (| of the n |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street add | "CT2 | | |
| | . 1 | Florida | | |
| | City | - 7 | lp Code | |
| New Registered Agent's Signature, if changing Registered Agent | <u>t:</u> | | | |
| I hereby accept the appointment as registered agent and ag | ree to act in this canacity. I | further agree | to comp | ly with |

If Changing Registered Agent. Signature of New Registered Agent

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.

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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 | SIMON ANTONIO MENDOZA H | 2400 East Commercial Blvd., Suite | |
| | | Fort Lauderdale, FL 33308 | □ Remove |
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| 6.00 | (optional) | |
| ctive date, if other than the date of filing: | a more than 90 days after Siling 1 Pursuan | t to 605.026 he listed a |
| effective date is listed, the date must be specific and cannot be prior to date of thing of the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records. | ming requirements, and date was not | |
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| ecord specifies a delayed effective date, but not an effectiv ne 90th day after the record is filed. | e time, at 12:01 a.m. on the | earlier |
| ie 90th day after the record to week | | |
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| y www. | nive of a member | |

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