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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076 Phone

: (305)388-7028

Fax Number

: (305)479-2705

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

Email	Address:		, .	

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAVES DEL REY BRICKELL LLC

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Help

K SALY MAY 21 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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	ATTERES DEL DELCE	**************************************	**!	
	AVES DEL REY BE		AN AUG CARANT	$\underline{\underline{\hspace{1cm}}}^{U(\eta)}$
(traine of the Lim	(A Florida Limited I	Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 05	5/07/2018	and assigned
Florida document numberL18000114880				
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	ility company her	<u>'e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the des	ignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE		* #		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			
				 -
			-	
3. If amending the registered agent and	l/or registered of	fice address on	our records, <u>en</u>	ter the name of the
egistered agent and/or the new registered o	office address here	2:		
Name of New Registered Agent:	N/A			
New Registered Office Address:				
The wind plantered Office Models.	-	Enter Florid	la street address	
		-	Ela-ida	
		City	, Florida	Zip Code
lew Registered Agent's Signature, if changing	Registered Agent:	•		,
7				

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ir removed from our records:

AGR = Manager MBR = Authorized Member

<u>(itle</u>	Name	<u>Address</u>	Type of Action
AMBR	CARLOS CANO NUÃDEZ	7951 RIVIERA BLVD	
		SUTTE 210	Remove
		MTRAMAR, FL 33033	O Change
AMBR	CARLOS CANO NUNEZ	7951 RIVIERA BLVD	
		SUITE 210	CI Remove
		MIRAMAR, FL 33023	Change
			□ Add 6
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ment's effective date on the Department of	State's records.	incinents, this date will not be list
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e 90th day after the record is filed.		at 12.01 a.m. on the earne
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	and so bank human	
Signature of a	member or authorized represent avoid of	ember

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