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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
SUBJECT: 805 Z	ARIA ON THE BAY LI	J.C	
	Name of Lin	nited Liability Company	
m 1 1 4 2 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2		to the left	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Roberto Ruiz		
		Name of Person	
		Firm/Company	
	10400 NW 66th S	Street	
		Address	
	Doral, FL 33178		
		City/State and Zip Code	
	robertoruizfl@c	gmall.com (to be used for future annual report notil	ication)
for further information	concerning this matter, please c		
Roberto Rui	z	at ( 786 ) 334-473	10
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
<b>翌</b> \$25.00 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)
Regist Divisi P.O. E	ANG ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Sectio Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

805 ARIA ON THE BAY				
( <u>Name of the Limite</u> (	d Liability Compa A Florida Limited L	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Lia		were filed on	and assig	gned
This amendment is submitted to amend the follo				
A. If amending name, enter the new name of	the limited liabi	ility company here:		
The new name must be distinguishable and contain the wo	ads "Limited Liabil	ity Company " the designation "FLC" or the abb	reviation "L.L.	<del>C.</del> "
Enter new principal offices address, if applica		10400 NW 66th Street	<b>ಪ</b>	2.55 2.55 2.55 2.55 2.55 2.55 2.55 2.55
(Principal office address MUST BE A STREET	ADDRESS)	Doral, FL 33178		<u> </u>
			25	<u> </u>
Enter new mailing address, if applicable:		10400 NW 66th Street	≱g 34 00	
(Mailing address MAY BE A POST OFFICE B	<u>20X)</u>	Doral, FL 33178	<del>-</del>	<u> </u>
B. If amending the registered agent and/oregistered agent and/or the new registered off	ice address hero	2:	he name o	f the ne
Name of New Registered Agent:	Roberto F			
New Registered Office Address:	10400 NW	66th Street		
	Doral	Enter Florida street address 3 3 , Florida	178	
		City	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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 695, 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>	Name	Address	Type of Action
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Effective date, if other th	nan the date of filing:	(optional)
Note: If the date inserted i	n this block does not meet the applicable statutory filing requiren	nents, this date will not be listed as
document's effective date of	on the Department of State's records.	
so record enecifies a	latavad affactiva data, but not an affactive time, at	12:01 a.m. on the earlier o
The 90th day after t	lelayed effective date, but not an effective time, at he record is filed.	12.01 a.m. on the earner o
Dated June 11	2018	
	Signature of a member or authorized representative of a memb	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00