

L180000143676

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BARBOSA LEGAL
Account Number : 120110000049
Phone : (305) 501-4680
Fax Number : (305) 359-9543

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

Email Address: _____

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
KEY BISCAVNE PROPERTY HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
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V. SULKER

OCT 08 2020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 OCT -5 AM 9:28

FILED

9:18 AM 9-10-2020

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEY BISCAYNE PROPERTY HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erika Kitaoka da Silva

Name of Person

Barbosa Legal

Firm/Company

407 Lincoln Road, PH-NE

Address

Miami Beach, FL 33139

City/State and Zip Code

assistant@barbosalegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Kitaoka da Silva

305

501-4680

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KEY BISCAVNE PROPERTY HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/11/2018 and assigned
Florida document number L18000143676.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

407 Lincoln Road, PH-NE
Miami Beach, FL33139

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

407 Lincoln Road, PH-NE
Miami Beach, FL33139

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Barbosa Legal

New Registered Office Address: 407 Lincoln Road, PH-NE
Enter Florida street address
Miami Beach, Florida 33139
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 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.

/s/ Julio Barbosa

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2020 OCT 6 AM 9:20
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

/S/ Lopo A. de Castro

Signature of a member or authorized representative of a member

Lopo A. de Castro

Typed or printed name of signee