## L18000222790

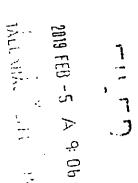
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Address)	MAIL
(Decision February)	
(Business Entity Name)	
(Document Number)	
(,	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
	1
	İ

Office Use Only



700324055687

02/65 18--01, --61, ••.



## **COVER LETTER**

TO: Registration So Division of Cor		,	
SUBJECT:	UMBE MARE PROPERT	TIES, LLC	
30bster	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
			The Palls
	CAF	RLOS A VELEZ	
		Name of Person	PAIN FEB -5
	MI	AMI AND THE BEACHES RENT.	
		Firm/Company	ALS P
		407 LINCOLN ROAD SUITE 11-E	σ 
		Address	
		MIAMI BEACH, FL 33139	
		City/State and Zip Code	
		HANDTHEBEACHESRENTALS@GN to be used for future annual report notif	
For further information of	concerning this matter, please c	all:	
CARLOS	S A VELEZ	at ( <u>786</u> )	· · ·
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n ations
Tallah	assee, FL 32314	2661 Executive Ce	nter Circle

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E PROPERTIES, LLC		
( <u>Name of the Limited Liab</u> (A Flori	<mark>ility Company as it now appear</mark> da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	09/19/2018	and assigned
Florida document numberL18000222790			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	re:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the d	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	ORESS)		
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
•			
3. If amending the registered agent and/or reg	•	our records, enter	the name of the
egistered agent and/or the new registered office ad	<u>ldress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Flor	ida street address	
		, Florida _	
_	Ciţy		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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	UMBERTO J GUIDO III	3131 N.E. 7th AVE Apt. 4306 Miami, FL 33137	Add
			☐ Remove
			■ Change
			Add
			Remove 78 Change
			Change
			Remove
			Change
			□ Remove
			Change
<u>-</u>			
			Remove
			Change
			Add
			Remove
			☐ Change

								_
							<del></del>	_
					<del>-</del>			-
		_					_	_
			<u> </u>				_	_
					<u> </u>			_
							•	_
								_
							7919	- 1
-							<del>- E</del> B	_ :
							<del></del>	٦
			<del></del>			<del></del>	.و.	- <b>)</b>
			<u>-</u>		<del>_</del>	•	<del></del>	_
						<u>.</u>		-
		<del>-</del>						_
					<u>.</u>			_
f an effective d <b>Note:</b> If the o	te, if other than date is listed, the date date inserted in thi ffective date on th	must be specific is block does n	and cannot be p of meet the app	rior to date of filin dicable statutor	g or more than 90	(optional) days after filing ents, this date	.) Pursuant to 60	05.0207 sted as
	specifies a dela day after the			not an effect	tive time, at 1	.2:01 a.m.	on the ear	lier of
Dated	January	v 31st	2019	<del>\</del> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00