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COVER LETTER

L.L.C.

TO: Registration Section Division of Corporations
SUBJECT: Alandy VIIIa Canaris Unit & Holdings 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:
Peter R Abesada Esq. Name of Person Peter R Abesada & Assoc. P.A Firm/Company
3676 SW 2nd Street Address Miam F/ 33135 City/State and Zip Code JMarguez Obig Chotmail-com E-mail address: To be used for future annual report notification)
For further information concerning this matter, please call:
Peter R Abesada at (305) 467-5820 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2019

PETER R. ABEDSADA 3676 SW 2ND STREET MIAMI, FL 33135

SUBJECT: ALANDY VILLA CANARIS UNIT 8 HOLDINGS, LLC

Ref. Number: L18000249003

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or an authorized representative of a member.

The capacity of the person signing the document must be typed or printed be peath or opposite the signature.

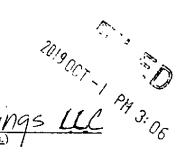
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Clametha Golden Regulatory Specialist II

Letter Number: 019A00016588

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Alandy Villa Can (Name of the Limited Liability) (A Florida Li	aris Unit 8 ,	Holdings LLC 743:05
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on or mited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>८ / 8000 2 4 9 00 3</u>	npany were filed on <u>'/0/3</u>	24/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Unit 343 - C WestLAND to the new name must be distinguishable and contain the words "Limited"	Voldings 110	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	Litter 1 10/100 Stre	
	City	, Florida 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>	Name	Address	Type of Action
			
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	ve date, if other than the date of filing: (optional) certive 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	ent's effective date on the Department of State's records.
	ord 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.
	9/15 2019
Dated_	$\frac{9/25}{2}$, $\frac{207}{2}$.
	At Dill the standard of the
	Hotel Musike authorized representative of a member or authorized representative of a member
	Signature of a member of authorized representative/of a member
	1/ 1- 0 1
	Petro K Chosada

Page 3 of 3

Filing Fee: \$25.00