## L18000 351 504

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SECON AHASSEL, FE



## **COVER LETTER**

Division of Cor	porations		
(11 tr) TT12 (17)	EPOINT 1056, LLC		
SUBJECT:		ited Enability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexandre Ballerini, Esq.		
		Name of Person	<del></del>
	Alexandre Ballerini, P.A.		
		Firm/Company	
	100 S.E. 2nd Street, Suite 3	3400	
		Address	
	Miami, FL 33131		
	alex@alexballerinilaw.com	City/State and Zip Code	
	E-mail address; ()	to be used for future annual report notif	ication)
For further information co	oneerning this matter, please ca	ail:	
Alexandre Ballerini		305 375 9220 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BISCAYNE POINT 1056, LLC

(Name of the Limited Liability Comp.	ony as it now appears on our records )	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000257504}{L}$ .	were filed on 11/01/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8005 NOREMAC AVE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33141	2019
		<del></del>
Enter new mailing address, if applicable:	8005 NOREMAC AVE	29
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH, FL 33141	PH 5:
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the n
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Cha	nging Registered Agent, <u>Signature of Ne</u>	w Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
		<del></del>	□ Add
			□ Remove
			☐ Change
		·	
			☐ Remove
			Change
<del>~</del>			
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

	5 NOREMAC AVE, MIAMI BEACH FL 33141
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ectiv	date, if other than the date of filing: (optional)
	ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cumer	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
	8 /2 8/ 2 p 19
	8/28/2019
	Signature of a member or authorized representative of a member

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

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Filing Fee: \$25.00