

L190000080462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2021 JUN 11 PM 3:35
ALABAMA SECRETARY OF REVENUE

FILED
2021 JUN 11 PM 12:41
ALABAMA SECRETARY OF REVENUE

Amend

JUN 14 2021
ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/11/2021

****WALK IN****

ENTITY NAME 1332 APARTMENTS

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

****WALK IN****

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****WALK IN****

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: 12016000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1332 APARTMENTS 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:

GRYSKA SOTOLONGO
Name of Person
THOMAS G. SHERMAN, P.A.
Firm/Company
90 ALMERIA AVENUE
Address
CORAL GABLES, FL 33134
City/State and Zip Code
GRYSKA@UNIONTITLESERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRYSKA SOTOLONGO 305 448-5898
Name of Person at () 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

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

2021 JUN 11 PM 12:41
FILED

1332 APARTMENTS 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 03/22/2019 and assigned Florida document number L19000080462.

This amendment is submitted to amend the following:

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

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:

936 SW 1st Avenue

(Principal office address MUST BE A STREET ADDRESS)

Suite # 254

Miami, FL 33130

Enter new mailing address, if applicable:

936 SW 1st Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Suite # 254

Miami, FL 33130

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

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.

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:

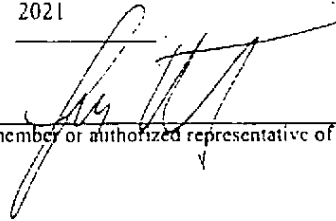
MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	D3 Holdings LLC	936 SW 1st Avenue, Suite # 254	<input checked="" type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	COINCO INVESTMENT COMPA	844 SW 1ST AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JUNE 11, 2021


Signature of a member or authorized representative of a member
JOSE F. DACCARETT, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00