5/20/2019

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLTERRA RESORT 147 REAL ESTATE LLC

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Electronic Filing Menu Corporate Filing Menu

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MAY 24 2019

COVER LETTER

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C1'D INCT		A RESORT 147 REAL ESTA	TELLC		
SUBJECT		Name of Lin	tited Liability Company	<u></u>	
		Amendment and fee(s) are sub			्रीक्ष क्षेत्र संदे
Please retu	rn all correspo	ndence concerning this matter AIBAL QUINTAO	·		20 TAY 23
		EXPRESS ACCOUNTING	Name of Person G CORP		
		3927 N FEDERAL HWY	Firm/Company	· · · · · · · · · · · · · · · · · · ·	5.00
		POMPANO BEACH, FL	Address 33064		_
		EACLIENTS@GMAIL.CO			
For further	information ed	E-mail address: (oncerning this matter, please c	to be used for future armust report note!	cation)	
	QUINTAQ		at ()		
	Ναιης οι	f Person	Area Code Daytime	Telephone Number	er.
Enclosed is	s a check for th	se following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cenific	are of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLTERRA RESORT 147 REAL ESTATE I	LLC		
(<u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our record Limited Liability Company)	ls.)	
The Articles of Organization for this Limited Liability Co Florida document number 1.19000126837	ompany were filed on 05/09/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	"or the abbreviation "L.J.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our record	s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street adapte	7.7	
	Florid2		
	City	erida Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, ar ent as provided for in Chapter 605,	id I am familiar with and F.S. Or, if this docume <mark>n</mark> t is	

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 Title Name

<u>Title</u>	Name	Address	Type of Action
MGR	MAS, HELOISA HELENA	3927 N. FEDERAL HWY	
		POMPANO BEACH, FL 23064	
			■ Remove
	MAS, ANNA PAULA	3927 N. FEDÉRAL HWY	□ Change
MGR			□ Add
		POMPANO BEACH, FL 33064	54 B
			■ Remove
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re affective date is listed, the date must be specific and current be r	prior to date of filing	or more than 90 days	after tilang.) Pu	rsuant to 605.0
ote: If the date inserted in this block does not meet the ap neument's effective date on the Department of State's reco	pricable statutory ords.	ming requirement	s, mis care wit	r no. oc nace
record specifies a delayed effective date, but	not an effecti	ve time, at 12:	01 a.m. on	the earlier
The 90th day after the record is filed.				
orted 05/20 2019				
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Signature of a member or a	authorized represen	tative of a member		

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Filing Fee: \$25.00