# 119000 223 647

| (Re                     | questor's Name)  |             |
|-------------------------|------------------|-------------|
| (Ad                     | dress)           |             |
| (Ad                     | dress)           |             |
| (Cit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | cument Number    | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
|                         |                  |             |
|                         |                  |             |
|                         |                  |             |
|                         |                  |             |

Office Use Only



300336712203

11/18/19--01017--024 \*\*25.00

ZOIS NOV 18 AM 10: 24 SECKE TARY OF S. SIE FALLAHASSEE, FLORIES

Amerci

DEC ! 4 2019 I ALBRITTON

## **COVER LETTER**

| TO:      | Registration Sec<br>Division of Corp |  |   |   |
|----------|--------------------------------------|--|---|---|
| cun      |                                      | EL REY LUX LLC                               |   |   |
| SUB      | JECT:                                | Name of Limi                                 | ited Liability Company  | <u> </u>  |
| The e    | inclosed Articles of a               | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Pleas    | e return all correspoi               | ndence concerning this matter                | to the following:   |   |
|          |                                      | Ileana Noa                                   |   |   |
|          |                                      |  | Name of Person  |   |
|          |                                      | Concorde Land Title Servi                    | ces, Inc.   |   |
|          |                                      |  | Firm/Company  |   |
|          |                                      | 134 South Dixie Highway,                     | Suite 100   |   |
|          |                                      |  | Address   | - <u> </u>  |
|          |                                      | Hallandale Beach, FL 3300                    | 09  |   |
|          |                                      | inoa@concordelts.com                         | City/State and Zip Code   |   |
|          |                                      | E-mail address: (                            | to be used for future annual report notific                         | cation)   |
| For fi   | arther information co                | oncerning this matter, please ca             | all:  |   |
| Hean     | a Noa                                |  | 305 356-8403  |   |
|          | Name of                              | Person                                       | Area Code Daytime   | Telephone Number  |
| Enclo    | osed is a check for th               | e following amount:                          |   |   |
| <b>S</b> | 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,<br>Certificate of Status &<br>Certified Copy<br>(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

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

NAVES DEL REY LUX LLC

(Name of the Limited Liability Company as it now appears on our records,)

| (A Florida Limited  | Liability Company)  | 50%                      |
|---|---|--------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L19000223647                  | were filed on September 3, 2019                           | and assisted             |
| This amendment is submitted to amend the following:   |   | Er *                     |
| A. If amending name, enter the new name of the limited liab   | <u>sility company here</u> :                              |                          |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or t                 | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 12550 Biscayne Blvd. Suite 701                            |                          |
| (Principal office address MUST BE A STREET ADDRESS)   | N. Miami, Florida 33181                                   |                          |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                  | 12550 Biscayne Blvd. Suite 701<br>N. Miami, Florida 33181 |                          |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | ffice address on our records, en                          | ter the name of the new  |
|   |   |                          |
| Name of New Registered Agent:   |   |                          |
| Name of New Registered Agent:  New Registered Office Address:   | Enter Florida street address                              |                          |
| <del>- "</del>  | Enter Florida street address<br>, Florid:                 |                          |

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

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

|  |                              |  | ·   |
|--|------------------------------|--|---|
|  |                              |  |   |
|  |                              | <u></u>  | <del></del>                                       |
|  |                              |  |   |
|  |                              |  | <del></del>                                       |
| <del></del>  |                              |  |   |
|  |                              |  | <del></del>                                       |
|  |                              |  |   |
|  |                              |  |   |
|  |                              |  |   |
| <del> </del>   |                              |  |   |
|  |                              |  |   |
| the date, if other than the date of filing: (If an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not mee document's effective date on the Department of State | it the applicable statutory  | (optional)<br>or more than 90 days after filing.) P<br>filing requirements, this date wi | ursuant to 605.0207 (3)(bill not be listed as the |
| f the record specifies a delayed effective dat<br>b) The 90th day after the record is filed.   | te, but not an effectiv      | ve time, at 12:01 a.m. or  | n the earlier of:                                 |
| Dated November 14  | 2019                         |  |   |
| Signature of a mer   | mber or authorized represent | ative of a member  |   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00