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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
	E HARBOUR RESIDENTS, L	LC		Tale 1
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		6. J.
Please return all correspo	ondence concerning this matter	to the following:		Ç.
	Carmen Estrada			
		Name of Person		
	Stok Kon # Braverman P./	Λ.		
	Firm/Company One East Broward Blvd Suite 915			
		Address		
	Fort Lauderdale Florida 33301			
		City/State and Zip Code		
	Same on File E-mail address: ()	to be used for future annual report notit	ication)	
For further information of	concerning this matter, please ea			
Carmen Estrada		954 237-1777 at ()		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	<u>-</u> '	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

TC)	
ARTICLES OF O	RGANIZATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OI	•	9
BISCAYNE HARBOUR RESIDENTS, LLC		
	y as it now appears on our records	T 2 30
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	and assigned
he Articles of Organization for this Limited Liability Company v	were filed on 11/04/2019	and assigned
florida document number L19000275089		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		44.00
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		
Standard CSL and Davids and Amount		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ciù	zyrvina
hereby accept the appointment as registered agent and agre		
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office of		
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>	Type of Action
MGR	MACALUSO, JERI	6431 Cow Pen Road, Miami Lakes, FL 33014	
			≣Remove
			□Change
MGR	ODED MELTZER	6431 Cow Pen Road, Miami Lakes, FL 33014	<u></u> ⊋Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

 	
	
Note: If the date	f other than the date of filing: s 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tive date on the Department of State's records.
e record specifies rd is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a niember
	ENCO MGITS EN

Filing Fee: \$25.00