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COVER LETTER

TO:	Registration Se Division of Cor		· ·				
		•	jt.		•		
SUBJEC		AT BLUESTEN PARK 18 LL		···			
		Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		JOEL EIDELSTEIN					
			Name of Person				
		RIVO ALTO					
			Firm/Company				
		3323 NE 163 ST SUITE 7	04				
	Address						
	NORTH MIAMI BEACH, FL 33160						
		City/State and Zip Code					
		EIDCHI@GMAIL.COM					
			to be used for future annual r	eport notification)			
For furth	ner information c	oncerning this matter, please c	all:				
JOEL E	IDELSTEIN		786 942 at ()	-6105			
	Name o	f Person	Area Code	Daytime Teleph	one Number		
Enclosed	f 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 enck		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Ad				
	Registration S			tion Section of Corporation	vne		
	Division of C	orporations	Division	or corporation	1112		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

252100. -1 AM 7:00

VILLAGE AT BLUESTEN PARK 18 ELC	;
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
(A Fiorias Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	v were filed on 11/26/2019 and assigned
Florida document number L19000292370	
riorida document númber	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	

B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address

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.

City

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>	Address JOB COL - AM 7:00	Type of Action
MGR	Ricardo Halfen	3323 NE 163 St, 704, North Miami Beach, FL 33160) ≣ Add
			□Remove
			□Change
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fective date, if other than the date of fil	ling: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the Department o	of State's records.
ecord specifies a delayed effective date, but r is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med.	<u> </u>
september 29	2021
ited	-·· //
	
Signature of	f a member or authorized representative of a member