



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H220000311903)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : RAUL VALDES-FAULI, P.A.  
Account Number : I20180000021  
Phone : (786)870-5083  
Fax Number : (786)907-4006

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: VLACANA@RVF-LAW.COM

2022 JAN 25 AM 8:09

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOWER 1 QUAYSIDE UNIT 1212, LLC**

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JAN 26 2022

## COVER LETTER

FAX AUDIT #H22000031190 3

TO: Registration Section  
Division of Corporations

SUBJECT: TOWER 1 QUAYSIDE UNIT 1212, 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:

VANESSA LAGANA, PARALEGAL

Name of Person

RAUL VALDES-FAULI, P.A.

Firm/Company

355 ALHAMBRA CIRCLE, SUITE 1205

Address

CORAL GABLES, FL 33134

City/State and Zip Code

VLAGANA@RVF-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MRS. VANESSA LAGANA

at ( 786 )

870-5083

Name of Person

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

FAX AUDIT #H22000031190 3

TOWER 1 QUAYSIDE UNIT 1212, 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 12/23/2019 and assigned  
Florida document number L20000004003.

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:

(Principal office address **MUST BE A STREET ADDRESS**)

355 ALHAMBRA CIRCLE

SUITE 1205

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

355 ALHAMBRA CIRCLE

SUITE 1205

CORAL GABLES, FL 33134

**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:

PREMIER REGISTERED AGENT INC.

New Registered Office Address:

355 ALHAMBRA CIRCLE, SUITE 1205

Enter Florida street address

CORAL GABLES

Florida

City

Zip Code

33134

**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

FAX AUDIT #H22000031190 3

FAX AUDIT #H22000031190 3

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>
MGR	RAUL VALDES-FAULI	355 ALHAMBRA CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 1205	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	Entity Registered Agent, LLC	201 S. BISCAYNE BLVD.	<input type="checkbox"/> Add
		SUITE 2600	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FAX AUDIT #H22000031190 3

FAX AUDIT #H22000031190 3

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

[illegible]

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 DECEMBER 1, 2021

Signature of a member or authorized representative of a member

RAUL J. VALDES-FAULI, AUTHORIZED REPRESENTATIVE OF THE MEMBER

Typed or printed name of signee