

03/14/2020 12:35
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ADAMS COLLINAR, PA
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : 120000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

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

Email Address: Jose@agi-ra.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ENCLAVE 11, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2020 MAR 16 AM 11:52

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Corporate Filing Menu

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MAR 17 2020

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

(((H20000084223 3)))

2020/11/16 AM 11:52

Enclave 11, 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 January 27, 2020 and assigned Florida document number L20000033232.

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)

2700 N. Miami Avenue

Suite 208

Miami, FL 33127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2700 N. Miami Avenue

Suite 208

Miami, FL 33127

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:

AGI Registered Agents, Inc.

New Registered Office Address:

1000 Brickell Ave., Suite 300

Enter Florida street address

Miami

City

Florida 33131

Zip Code

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	M100 HOLDINGS, LLC	5531 N. University Drive	<input type="checkbox"/> Add
		#103	<input checked="" type="checkbox"/> Remove
		Coral Springs, FL 33067	<input type="checkbox"/> Change
MGR	EDUARDO PELAEZ	2700 N. Miami Ave.	<input checked="" type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		Miami, FL 33127	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 March 14 2020

Signature of a member or authorized representative of a member

Robert R. Adams - Authorized Person

Typed or printed name of signee

((H20000084223 3)))

Filing Fee: \$25.00