

**2000031793**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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((H22000031179 3)))



H220000311793ABCZ

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

From:  
 Account Name : RAUL VALDES-FAULI, P.A.  
 Account Number : 12018000021  
 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: VLAGANA@RVF-LAW.COM

2022 FEB 28 11:01

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**TOWER 2 QUAYSIDE UNIT 704, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

**RECEIVED**

2022 FEB 28 PM 3:26

SECRETARY OF STATE  
 TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TOWER 2 QUAYSIDE UNIT 704, 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-FAULLI, P.A.  
Firm/Company  
355 ALHAMBRA CIRCLE, SUITE 1205  
Address  
CORAL GABLES, FL 33134  
City/State and Zip Code  
V.LAGANA@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 #H22000031179 3

TOWER 2 QUAYSIDE UNIT 704, 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 02/05/2020 and assigned Florida document number 1.20000043124

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 33134

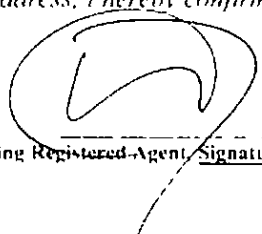
*City*

*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



FAX AUDIT #H22000031179 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
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

202 FEB 28  
 02:17:28  
 Remove  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2021 FEB 28 PM 11:02

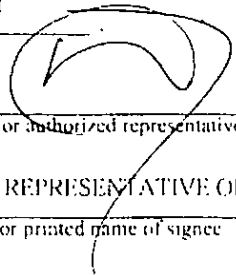
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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