



Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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R. WHITE
MAR 13 2020 To:

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

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA
Account Number : 076424900767
Phone : (305)442-3334
Fax Number : (305)443-3292

2020 MAR 12 PM 12:30

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

Email Address: jcatalano@siegfriedrivera.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SILVER BLUFF 27 LLC

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

2020 MAR 12 PM 9:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVER BLUFF 27 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:

John Catalano, Esq.

Name of Person

Siegfried Rivera

Firm/Company

201 Alhambra Circle, 11th Fl.

Address

Coral Gables, FL 33134

City/State and Zip Code

jcatalano@siegfriedrivera.com

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

For further information concerning this matter, please call:

John Catalano, Esq.

305 442-3334

at ()

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

L190000061842

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION** 2020 03 12 11 29:19
OF

SILVER BLUFF 27 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 February 27, 2020 and assigned Florida document number L20000061842.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

32C SILVER BLUFF LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

XXXXXXXXXXXXXXXXXXXX

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

LINCOLN UNIVERSITY

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

Series of horizontal lines for amending information.

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 (c)(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 20 _____, 2020

Nathalie Manzano

Signature of a member or authorized representative of a member

Nathalie Manzano

Typed or printed name of signer