## L200000171400

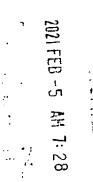
(Re	questor's Name)	
(Address)		
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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02/05/21--01020--007 \*\*25.00



O SIMMONS MAR 24 2021



- 215 NORTH FEDERAL HIGHWAY, DANIA BEACH, FLORIDA 33004

PHONE: 954.367.0502 FACSIMILE: 954.505.4754 WWW.THRESHOLDTITLE.NET

February 4, 2021

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street Suite 810 Tallahassee, FL 32303

## VIA FEDEX

RE: Our file number TMG-785-20

3914 ISLAND ESTATES SN LLC REFINANCE

To whom it may concern,

In connection with the above-styled transaction, please find our Escrow account check #15151 in the amount of \$25.00, which represents the corporate change fee, together with the corresponding form.

Should you have any questions or if we can be of any further service, please do not hesitate to contact our office.

Yours very truly,

Kaitlyn Montalvo

**Enclosures** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

3914 ISLAI SUBJECT:	ND ESTATES SN, LLC		
30b3be1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVID J. WALLACE		
		Name of Person	
	DUBOW, DUBOW & WA	ALLACE	
		Firm/Company	
	215 N FEDERAL HWY		
		Address	
	DANIA BEACH, FLORIE	DA 33004	
		City/State and Zip Code	
			<del>,</del>
		to be used for future annual report notif	ication)
or further information c	oncerning this matter, please c	all:	
AVID J. WALLACE		954 925-8228 at ( )	
Name o	f Person	at () Area Code Daytime	e Telephone Number
closed is a check for the	he 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 S Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632 Tallahassee		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



3914 ISLAND ESTATES SN, LLC

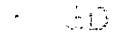
2021 FEB -5 AM 7: 28

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company).
The Articles of Organization for this Limited Liability Company  Horida document number L20000171400	were filed on 06/19/2020 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	3914 Island Estates Drive
ncipal office address MUST BE A STREET ADDRESS)	Aventura, Florida 33160
r new mailing address, if applicable:	3914 Island Estates Drive
ing address MAY BE A POST OFFICE BOX)	Aventura, Florida 33160
and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	26 646 126 04 169
New Registered Office Address:	Enter Florida street address
Hallan	C. KUTAN  O.S. OCEUN D.F. PH 409  Enter Florida street address  Call Defect, Florida  Zip Code
tered Agent's Signature, if changing Registered Agent:	
of all statutes relative to the proper and complete obligations of my position as registered agent as	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 601, F.S. Or, if this document is address, I hereby confirm that the limited liability

f Changing Registered Agent, Signature of New Registered Agent

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



Γitle	Name	Address 2021 FEB - 5 AM	7: 28 Type of Action
MGR	NAHIM JORGE	3914 Island Estates Drive	· i : ■Add
		Aventura, Florida 33160	
		<del> </del>	□ Change
GR	SIMON LIBRATI	6455 ALLISON RD	🖸 Add
	MIAMI BEACH, FL 33141	■Remove	
			□Change
			□Remove
	<del> </del>	□Change	
			Add
		<del></del>	
			□Change
			□Add
	·	□Remove	
	<del></del>	Change	
			□Remove
			□Change

	2021 FEB -5 AM 7: 28
	<del></del>
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tive date, if other than the date of t	filing:(optional)
If the date inserted in this block does in the contract of	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 not meet the applicable statutory filing requirements, this date will not be listed as the
ment's effective date on the Department	of State's records.
filed.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
LANGLA BAY OO	2021
JANUARY 20	2021
v	
Signature	of a member of authorized representative of a member
SIMON LIBRATI	
JIMON LIDIATI	Typed or printed name of signee

Filing Fee: \$25.00