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COVER LETTER

Division of Corporations	
SUBJECT: Dune 280	LLC.
	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Juan	F. Alvave 7_ Name of Person
	e 280 LL C
	5W 2/st Street
Minar E-mail add	ni, FL 33/45 City/State and Zip Code no investments@gmail. (Om dress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Juan F. Alvave Name of Person	Z at (305) 3973796 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of State	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
1.0, 190x 002/	The Contro of Tallallassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUNE 280) LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our red d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 2000 0 23386 1</u> .	ny were filed on $8/4$	$\sqrt{2020}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility 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)	1 4.1.	N
Tringput vijitet uuuress (NOST DE / STINEET / NDDRESS)	(4.4.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	74 A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent: NA.	•	
New Registered Office Address:	Enter Florida street a	ddress
		, 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 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>	Type of Action
AMBR	Clara Giraldo	1401 sw 21st Street	LD/Add
		1401 sw 2/st Street Miami, FL 33/45	Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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If an effe Note:	re date, if other than the date of filing: 8/25/202() (optional) crive 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that is effective date on the Department of State's records.
e record rd is file	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 ed.
Dated _	<u>2020</u> .
	Simple of Shahard and Shahard a
	Signature of a member of authorized representative of a member
	Jun E Albanet

Filing Fee: \$25.00