Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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BEST LIVING ALLAPATTAH II, LLC

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COVER LETTER

SUBJEC	BEST LIVI	NG ALLAPATTAH II, LLC		
SOLUEC		Name of Lin	mited Liability Company	
BEST LIVING ALL APATTAH II, 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: Cayta Ross Name of Person Weiss, Scrota, Helfman, Cole & Bierman, P.L. Firm/Company 2525 Ponce de Leon Boulevard, Suite 700 Address Coral Gables, Florida 33134 City/State and Zip Code cross@wsh-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sean Burstyn Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following armount: S25.00 Filing Fee Certificate of Status Certificate Copy Certificate Copy Certificate Copy Certificate Copy				
	Division of Corporations BEST LIVING ALLAPATTAH II. LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Cayla Ross Name of Person Weiss, Serota, Helfman, Cole & Bierman, P.L. Firm/Company 2525 Ponce de Leon Boulevard, Suite 700 Address Coral Gables, Florida 33134 City/State and Zip Code cross@wsh-law.com E-mail address: (to be used for future annual report nordication) or further information concerning this matter, please call: tean Burstyn Name of Person Name of Person Name of Person Salo-8450 Daytine Telephone Number Selosed is a check for the following amount: Salo-855.00 Filing Fee Certificate of Status Certificate of Status			
			Name of Person	
		Weiss, Scrota, Helfman,	Cole & Bierman, P.L.	
			Firm/Company	
		2525 Ponce de Leon Bou	evard, Suite 700	
			Address	
		Coral Gables, Florida 331		
			City/State and Zip Code	
		E-mail address:	(to be used for future annual report noti	fication)
For furthe	r information co	oncerning this matter, please of	eall:	
Scan Bur	styn			
	Name of	Person		e Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$2 5.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Aailing Address	:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Taylor Seay 8004323622

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

BEST LIVING ALLAPATTAH II, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comparison document number <u>L20000369978</u> .	ny were filed on 11/23/2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	V
536 NW 15 AVENUE LLC		2021
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LI	.C" or the abbreviation "L.C."
inter new principal offices address, if applicable:		F1
Principal office addr <u>ess MUST BE A STREET ADDRESS</u>)		mi <u> </u>
		r 2 Dr.ii
nter new mailing address, if applicable:		<u> </u>
Aailing address MAY BE A POST OFFICE BOX		
raung and as part burn you or real bong		
Name of New Registered Agent:	e address on our records, ente	r the name of the new registere
New Registered Office Address:	Enter Florida street uddr	ess
	T	70-40
	City , I	lorida
	ıt:	
ew Registered Agent's Signature, if changing Registered Agen		

If Changing Registered Agent, Signature of New Registered Agent

Taylor Seay 8004323622

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>	Name	Address	Type of Action
MGR	NICOLAS RODRIGUEZ-FRAILE	930 HARBOR DRIVE	■Add
		KEY BISCAYNE, FLORIDA 33149	□Remove
MGR	BERNARDO DIAS	4300 SW 74TH AVENUE	
		MIAMI, FLORIDA 33155	□ Remove
			Change
			□Add
			□ Remove
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fective date, if other than the date of filing: (option of the date of filing or more than 90 days after	nal)		
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after one: If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuar date will not	it to 605.0 he listed)20 d a
cument's effective date on the Department of State's records.		00	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th d	ay after i	the
is filed.	عي ڪي عي ڪي	2021	
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ned <u>September</u> 13, 2021	21. **	SEP 24	_
	S) The	24	וורכט
	<u>in</u> ,		<u> </u>
Signature of a member of authorized representative of a member	-		
Signature of a member of authorized representative of a member	FLORID.	S HA	