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COVER LETTER

Registration Section

TO:

Division of Corporations					
	E BEACH 916 LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		_			
riease return an correspo	ondence concerning this matter	to the following.			
	SUSANA BRUSCHI				
		Name of Person			
		Firm/Company			
	12868 SW 135 TERR				
		Address			
	MIAMI, FL 33186				
	-	City/State and Zip Code			
	NATALIALARAPA@GM				
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
NATALIA LARA		786 7184410			
Name o	of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,		
₩ 325.00 Timig Fee	Certificate of Status	Certified Copy	Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
		C			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 19 AM 9: 32

BISCAYNE BEACH 916 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

e Articles of Organization for this Limited	Liability Company	were filed on	10/04/2021	and assigned
rida document number L210004343693	·			
is amendment is submitted to amend the fol	llowing:			
If amending name, enter the new name	of the limited liab	lity company	here:	
A				
new name must be distinguishable and contain the	words "Limited Liabil	ity Company," tl	e designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		N/A		
incipal office address MUST BE A STRE	ET ADDRESS)			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		N/A		
			<u> </u>	
<u>ailing address MAY BE A POST OFFICI</u>	, DOA			
lailing address MAY BE A POST OFFICE	<u>. DOAJ</u>			
			•	
ailing address MAY BE A POST OFFICE If amending the registered agent and/or ent and/or the new registered office addr	registered office a		•	
If amending the registered agent and/or	registered office a		•	
If amending the registered agent and/or	registered office a		•	
If amending the registered agent and/or nt and/or the new registered office addr Name of New Registered Agent:	registered office a ess here:		•	
If amending the registered agent and/or ent and/or the new registered office addr	registered office a ess here: N/A	ddress on ou	•	
If amending the registered agent and/or ent and/or the new registered office addr Name of New Registered Agent:	registered office a ess here: N/A	ddress on ou	r records, <u>enter th</u>	

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

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>	Address	Type of Action
AMBR	GIANMARCO CALOSSO	12868 SW 135 TERR	_Add
		MIAMI, FL 33186	■Remove
			□Change
			
			□ Remove
			Change
			□Add
			☐ Change
			□ Add
			Remove
			☐ Change
			Remove
			Change
			□Add
			Remove
			□Change

N/A		
- 11 = 1		
		
-	SEC. 17.	
 -	SECULAY TALL	
	min. 🗷	
	9. 32 FL 32	il.
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Note: If the date inserted i	an the date of filing: (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as in the Department of State's records.	(3)(b the
	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated MAY 11	2022	
	5/2(2) P1/12 Die 4	
	Signature of a member or authorized representative of a member	
SUSANA BRU	CCHI CONTRACTOR OF THE CONTRAC	

Typed or printed name of signee