## L22000280535

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<b>i</b> .	HORNE	
FE	B 2 0 2023	

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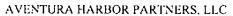
## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

124. Render's Rhining in Thomseure: SA \$100

AVENTURA HA	ARBOR PARTNERS	, LLC	
Please Debit 1200	000000257 For: <sup>25</sup>		
Thank you Seth N	Veelev		
1 dank you seem t	/		
Straf	·		Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
		1 2	Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
		l	Certificate of Status
		<u> </u>	Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
4		l	Fictitious Search
Signature		<del></del>	Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
No			UCC 11 Search
Name	Date Tir	ne	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

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



	TICLES OF AMENDMENT	2027 F.B 1 7 P.H 2: 34	
A D7	TO FICLES OF ORGANIZATION	19/2 A.	
ARI	OF	- 10% of the state	<u>a</u>
	01	Mary My	0
AVENTURA HARBOR PARTNI	ERS, LLC	100 St.	
(Name of the Lim	ited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited 1	Liability Company were filed on June 20, 202	2 and assigned	
Florida document number L22000280535			
	<del></del>		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company here:		
AVENTURA HARBOR DEVELOPMENT, 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 appli	ica blov		
	<del></del>	<del></del>	
(Principal office address MUST BE A STRE	<u>ETADUKESSI</u>		
		<del></del>	
Farman			
	<u> </u>		
	E BOX)		
(Mailing address MAY BE A POST OFFICE		ntar the name of the new registered	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our records, <u>e</u>	nter the name of the new registered	<u>I</u>
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered office address on our records, <u>e</u>	nter the name of the new registered	Į
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered office address on our records, <u>e</u>	nter the name of the new registered	<u>I</u>
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:	registered office address on our records, <u>e</u> ess here:	nter the name of the new registered	I
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our records, eess here:  AGI Registered Agents, Inc.		<u>I</u>
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:	registered office address on our records, eess here:  AGI Registered Agents, Inc. 1000 Brickell Ave., Suite 300		<u>I</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 (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
			□Add
			□Remove
		□Change	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
Effectiv	e date, if other than the date of filing: (optional)
(If an effect Note: If	tive 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 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he record ord 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
Dated F	ebruary 17 . 2023
	Signature of a member by authorized representative of a member
	- \'/ P
	Robert R. Adams, Authorized Representative

Filing Fee: \$25.00