| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| J. HORNE<br>APR 14 2023                 |  |  |  |
|   |  |  |  |

Office Use Only



400405992314

2023 AFR 13 FH 2:54

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

| Phone: 850-558-1500                                |  |  |  |  |
|--|--|--|--|--|
| ACCOUNT NO. : 12000000195                          |  |  |  |  |
| REFERENCE : 670757 7732494                         |  |  |  |  |
| AUTHORIZATION : (Springle Man)                     |  |  |  |  |
| COST LIMIT : \$ 25.00.                             |  |  |  |  |
| ORDER DATE : April 12, 2023                        |  |  |  |  |
| ORDER TIME : 9:23 AM                               |  |  |  |  |
| ORDER NO. : 670757-010                             |  |  |  |  |
| CUSTOMER NO: 7732494                               |  |  |  |  |
|  |  |  |  |  |
| DOMESTIC AMENDMENT FILING                          |  |  |  |  |
|  |  |  |  |  |
| NAME: AREAS SHELLIS ATL JV, LLC                    |  |  |  |  |
|  |  |  |  |  |
| EFFECTIVE DATE:                                    |  |  |  |  |
| XX ARTICLES OF AMENDMENT                           |  |  |  |  |
| RESTATED ARTICLES OF INCORPORATION                 |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:    |  |  |  |  |
| CERTIFIED COPY                                     |  |  |  |  |
| XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |  |  |  |  |
| CONTACT PERSON: Eyliena Baker EXT#                 |  |  |  |  |
|  |  |  |  |  |

EXAMINER'S INITIALS:

# **COVER LETTER**

| TO:   | TO: Registration Section Division of Corporations |  |  |  |  |
|---|---|--|--|--|--|
| Areas Shellis ATL JV, LLC                         |   |  |  |  |  |
| SUBJEC  | Name of Limited Liability Company                 |  |  |  |  |
| The encl  | osed Articles of                                  | Amendment and fee(s) are su                  | bmitted for filing.  |  |  |
|   |   | ondence concerning this matter               |  |  |  |
|   |   | Legal Dept.                                  |  |  |  |
|   |   | <del></del> -                                | Name of Person   |  |  |
|   |   | Areas Shellis ATL JV, LI                     | LC   |  |  |
|   |   |  | Firm/Company   |  |  |
|   |   | 5301 Blue Lagoon Drive                       | Suite 690  |  |  |
|   |   |  | Address  |  |  |
|   |   | Miami, Fl. 33126                             |  |  |  |
|   |   |  | City/State and Zip Code  |  |  |
|   |   | gustavo.bernardez@areas.c                    |  |  |  |
|   |   | E-mail address:                              | (to be used for future annual report notification)   |  |  |
| For furth   | er information c                                  | concerning this matter, please of            | all:   |  |  |
| Gustavo   | Bernardez   |  | 786 810-9405<br>at ( )   |  |  |
| Name of Person Area Code Daytime Telephone Number |   |  |  |  |  |
| Enclosed  | is a check for th                                 | ne following amount:                         |  |  |  |
| <b>■ \$</b> 25,0                                  | 00 Filing Fee                                     | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Mailing Address: Registration Section             |   | Section                                      | Street Address: Registration Section   |  |  |
|   | Division of C                                     |  | Division of Corporations The Centre of Tallahassee   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314            |   |  | 2415 N. Monroe Street, Suite 810   |  |  |

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Areas Shellis ATL JV, LLC  |   |                                     |
|--|---|-------------------------------------|
| (Name of the Limited Lia<br>(A Flo   | bility Company as it now appears on our re<br>orda Limited Liability Company) | eords.)                             |
| The Articles of Organization for this Limited Liability  | y Company were filed on 02/08/2023  | and assigned                        |
| Florida document number L23000058683   | <del></del> '   |                                     |
| This amendment is submitted to amend the following   | <b>;</b> :  |                                     |
| A. If amending name, enter the new name of the l   | imited liability company here:  |                                     |
| The new name must be distinguishable and contain the words "I  | Limited Liability Company," the designation                                   | 'Ll.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                                     |
| (Principal office address MUST BE A STREET AD  | DRESS)  |                                     |
|  |   |                                     |
| Enter new mailing address, if applicable:  |   |                                     |
| Mailing address MAY BE A POST OFFICE BOX)  |   |                                     |
|  |   | ····-                               |
| B. If amending the registered agent and/or registe agent and/or the new registered office address here |   | nter the name of the new registere  |
| agent and/or the new registered office address here  | <u>e</u> ;  |                                     |
| Name of New Registered Agent:  |   |                                     |
| New Registered Office Address:   |   |                                     |
|  | Enter Florida street ac   | ldress                              |
| , <del></del>  |   | , 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 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>          | <u>Address</u>                   | Type of Action  |
|--------------|----------------------|----------------------------------|-----------------|
| MGR          | Jose Albeno Serratos | 5301 Blue Lagoon Drive Suite 690 | <b>≣</b> Add    |
|              |                      | Miami, FL 33126                  | □Remove         |
|              |                      |                                  | □Change         |
| MGR          | Richard Schneider    | 5301 Blue Lagoon Drive Suite 690 | ≣iAdd           |
|              |                      | Miami, FL 33126                  | 🗆 Remove        |
|              |                      |                                  | □Change         |
|              | <del> </del>         |                                  | □Add            |
|              |                      |                                  | П <b>е</b> точе |
|              |                      | <del></del>                      | □Change         |
|              |                      |                                  | 🖸 Add           |
|              |                      | 4                                | ПRеточе         |
|              |                      | <del></del>                      | □Change         |
|              |                      | <del></del>                      | □Add            |
|              |                      |                                  | □Remove         |
|              |                      | <del> </del>                     | ☐ Change        |
| <del></del>  |                      |                                  | □∧dd            |
|              |                      |                                  | □Remove         |
|              |                      |                                  | Change          |

| D. If a  | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|----------|--|
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
| (If an o | effective date, if other than the date of filing:  (optional)  effective 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 (3  If the date inserted in this block does 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. |
| the reco | ord 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 filed.  |
| Dated    | April 12 2023.   |
|          | Signature of member or authorized representative of a member   |
|          | Gustavo Bernardez  |

Filing Fee: \$25.00

# **COVER LETTER**

|                                       | Registration Section Division of Corporations |  |   |  |  |
|---------------------------------------|---|--|---|--|--|
| CI:DIF                                | ~~  | llis ATL JV, LLC                             |   |  |  |
| SUBJEC                                | ·I:   | Name of Lin                                  | nited Liability Company   |  |  |
| The encle                             | osed Articles of                              | Amendment and fee(s) are sul                 | hmitted for filing  |  |  |
|                                       |   | ondence concerning this matter               | -   |  |  |
|                                       |   | Legal Dept.                                  |   |  |  |
|                                       |   |  | Name of Person  | <del></del>  |  |
|                                       |   | Areas Shellis ATL JV, LI                     | c   |  |  |
|                                       |   | <del></del>                                  | Firm/Company  |  |  |
|                                       |   | 5301 Blue Lagoon Drive                       | Suite 690   |  |  |
|                                       |   | •  | Address   | <del></del>  |  |
|                                       |   | Miami, FL 33126                              |   |  |  |
|                                       |   |  | City/State and Zip Code   |  |  |
|                                       |   | gustavo.bernardez@areas.c                    |   |  |  |
|                                       |   | E-mail address: (                            | to be used for future annual report noti                            | fication)  |  |
| For furthe                            | er information o                              | concerning this matter, please c             | ali:  |  |  |
| Gustavo                               | Bernardez                                     |  | 786 810-9405  |  |  |
| Name of Person                        |   |  | Area Code Daytim  | e Telephone Number   |  |
| Enclosed                              | is a check for t                              | he following amount:                         |   |  |  |
| <b>■ \$25.0</b>                       | 0 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 Section |   | Street Address: Registration Sec             |   |  |  |
|                                       | Division of C<br>P.O. Box 632                 |  |   | Division of Corporations The Centre of Tallahassee   |  |
| Tallahassee, FL 32314                 |   |  | e Street, Suite 810   |  |  |

Tallahassee, FL 32303