

Sep 07 2018 3:23 PM

NASON YEAGER GERSON WHITE

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Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-5111

From:
Account Name : NASON, YEAGER, GERSON, WHITE & LOCK, P.A.
Account Number : 073212003555
Phone : (561)685-3307
Fax Number : (561)290-1520

Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address: bmanna@nasonyeager.com

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
RENAISSANCE AVENTURA LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 10 2018

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of

State: Renaissance Aventura LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

20803 Biscayne Blvd., Suite 405

Aventura, FL 33180

2. The Florida document number of this limited liability company is: M16000002747

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 1, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

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

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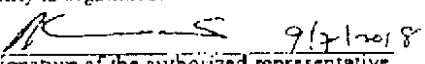
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change.

Remove Liliana Ribero as Vice President of Real Estate. Add Maria Gomez as Vice President of Real Estate.

Title/Capacity	Name	Address	Type of Action
VICE PRESIDENT OF REAL ESTATE	Liliana E. Ribero		☐ Add ☒ Remove
VICE PRESIDENT OF REAL ESTATE	Maria Gomez	20803 Biscayne Blvd., Suite 405 Aventura, FL 33180	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

Kenneth L. Fishel

Typed or printed name of signee

Filing Fee: \$25.00