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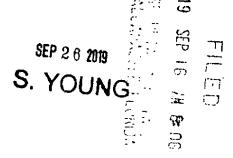
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
ello le	CT.	3915C BISCAYNE LI	.C	
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
			NORMA J. GUERRA	
		•	Name of Person	
		39	150 Biscary	ne LLC
		<u> </u>	Firm/Company	
		227	5 BISCAYNE BLVD SUITE I	
			Address	<del></del>
			MIAMI, FL 33137	
		no	City/State and Zip Code orma@laplaya-properties.com	
		E-mail address: (	o be used for future annual report no	tification)
For furth	her information o	concerning this matter, please ca	ıll:	
	NORMA	J. GUERRA	305 773 - 573	1
	Name (	of Person		me Telephone Number
		he following amount:		<b>7</b>
\$25	.00 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)
	<b></b>	ING ADDDESS	CTD F F T (COUN	NED ADDRESS
	Regist	ING ADDRESS: ration Section	Registration Sect	
	P.O. B	on of Corporations lox 6327	Division of Corpo Clifton Building	
	Tallah	assee, FL 32314	2661 Executive C	Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	3915C BISCAYNE LLC		क लि
(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number	Liability Company were filed on	07/23/2008	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	re:	
The new name must be distinguishable and contain the  Enter new principal offices address, if appl	icable:	signation "LLC" or the a	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		<del></del>
Enter new mailing address, if applicable:		.,	
(Mailing address MAY BE A POST OFFICE		-	
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on	our records, enter	the name of the new
Name of New Registered Agent:	NORMA J. GUERRA		
New Registered Office Address:	2275 BISCAYNE BLVD SUITE 1		
	Enter Florie	la street address	
	MIAMI	, Florida	33137
	City		Zin 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> MGRM	<u>Name</u> NORMA J. GUERRA	Address 2275 BISCAYNE BLVD SUITE I	Type of Action
			<b>=</b> Add
		MIAMI, FL 33137	□ Remove
		<u> </u>	Change
			□ Remove
			Change
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		Signature o	of a member or au	ithorized representa	ntive of a member		<del></del>