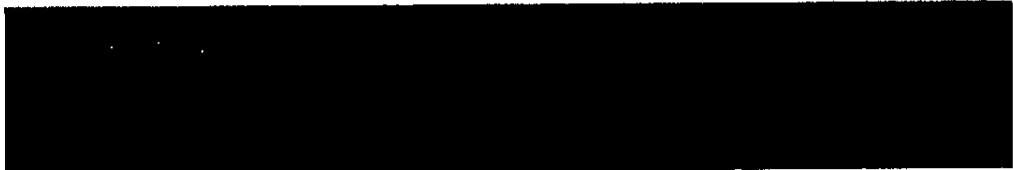


12/04/2014 17:52 3054166811 ADAMS GALLINAR PA PAGE 01/05
L12000151631

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000279385 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : AGI REGISTERED AGENTS, INC.
 Account Number : I20000000205
 Phone : (305)416-6800
 Fax Number : (305)416-6811

2014 DEC -4 AM 11:32
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Email Address: _____

REC-30
 14 DEC -4 AM 10:00
 BUREAU OF CORPORATIONS
 INFORMATION SYSTEMS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 MIAMI REAL EXPOSURE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	015
Estimated Charge	\$25.00

K. GARY
 EXAMINER
 DEC -5 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI REAL EXPOSURE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M. Hernandez

at (**305**) **416-6800**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MIAMI REAL EXPOSURE, LLC

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

FILED
2014 DEC -4 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/04/2012 and assigned
Florida document number L12000151631.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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

((H14000279385 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Isaac Peckel	2750 NW 3 Avenue, Unit 9	<input type="checkbox"/> Add
		Miami, Florida 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2014 DEC -4 AM 11:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

((H14000279385 3)))

(((H14000279385 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 3 2014



Signature of a member or authorized representative of a member

Robert R. Adams, Esq., Authorized Representative

Typed or printed name of signer

FILED
 2014 DEC -4 AM 11:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(((H14000279385 3)))