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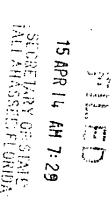
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## **COVER LETTER**

TO: Rep	gistration Sec ision of Corp	tion porations		
CUBIECT.	6520 DE\	/ELOPMENT, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
X.		GUSTAVO M. DERI	BEAUX	
*			Name of Person	
		LAW OFFICES OF	GUSTAVO M. DERIBEAUX,	P.A.
			Firm/Company	
		4904 SW 72ND AVE	ENUE	
			Address	
		MIAMI, FL 33155		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifica	tion)
For further in	nformation co	ncerning this matter, please ca	all:	
SALOME	GONZALE	ΕZ	305 446-7990 E	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

## 6520 DEVELOPMENT, LLC

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

(A I	Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabil Florida document number <u>L12000153188</u>	lity Company were filed on 12/07/2012	and assig	gned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.l	L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
		<del></del> -	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> address here:	r the name of	f the new
Name of New Registered Agent:		25 <b>3</b>	
New Registered Office Address:		APR	
	Enter Florida street address	\$350 F	47 EZPREM COLETREM
<del>-</del>	, Florida _	To 🏊	
New Registered Agent's Signature, if changing Regis	•	10Kig	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further a and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the lange.	gree to comply familiar with f, if this docum	and ient is

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PALMCORP DEVELOPMENT GROUP, LLC	4904 SW 72ND AVENUE	Add
		MIAMI, FL 33155	□ Remove
MGRM	PALMCORP DEVELOPMENT GROUP, LLC	4904 SW 72ND AVENUE	
		MIAMI, FL 33155	Remove
			□ Remove
			APR 14 A
			□ And ↑↑ □ Name of the control of t
			Add
			Remove

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he effective date must be specific, cannot be prior to do the date this document is filed by the Florida Departme  APRII 8	ate of receipt or filed date	and cannot be more than	_ <b>(optional)</b> 90 days after
The effective date must be specific, cannot be prior to do the date this document is filed by the Florida Departme  APRIL 8	ate of receipt or filed date nt of State)	and cannot be more than	_ <b>(optional)</b> 90 days after
Dated	ate of receipt or filed date nt of State)  2015	and cannot be more than	90 days after

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TAIL ARRESSEE FLORING