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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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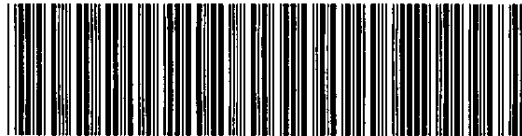
(Business Entity Name)

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SECRETARY OF STATE
TOLSON, PAUL

SEP 10 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRENZE 8035, 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:

Lissette B. Ortiz, Esq.

Name of Person

Lissette B. Ortiz, P.A.

Firm/Company

1430 S. Dixie Hwy, Ste 321

Address

Coral Gables, FL 33146

City/State and Zip Code

lawortiz@bellsouth.net

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

For further information concerning this matter, please call:

Lissette Ortiz

305 665-5270
at ()

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

FIRENZE 8035, LLC

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

The Articles of Organization for this Limited Liability Company were filed on December 11, 2012 and assigned
Florida document number L12000154299.

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 contain the words "Limited Liability Company," the designation "L.L.C." 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

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>	<u>Type of Action</u>
MGRM	Firenze 10560, LLC	260 Crandon Blvd	<input checked="" type="checkbox"/> Add
		#32 - PMB 102	<input type="checkbox"/> Remove
		Key Biscayne, FL 33149	<input type="checkbox"/> Change
MGR	Daniela L. Tirado	260 Crandon Blvd	<input type="checkbox"/> Add
		#32 - PMB 102	<input checked="" type="checkbox"/> Remove
		Key Biscayne, FL 33149	<input type="checkbox"/> Change
MGR	Annabella Lainville	260 Crandon Blvd	<input type="checkbox"/> Add
		#32 - PMB 102	<input checked="" type="checkbox"/> Remove
		Key Biscayne, FL 33149	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 SEP 2015
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(If an 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)(b)

(b) The 90th day after the record is filed.

Linette Ot

Signature of a member or authorized representative of a member

Lissette B. Ortiz, Esq., Attorney-in-Fact

Typed or printed name of signee

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