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COVER LETTER

TO: Registration Sect Division of Corpo			© ♥	- ₩₩	
3121 ANE SUBJECT:	3123, LLC				
SOBJECT:	Name of Limi	ed Liability Company			
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return all correspond	dence concerning this matter t	o the following:			
,	JOHN S. BOHATCH	, ESQ.			
		Name of Person			
	GUTTENMACHER,	BOHATCH & PENARAND	A, P.A.		
		Firm/Company			
	7301 SW 57th Court	, Suite 560			
		Address			
	South Miami, FL 331	43			
		City/State and Zip Code			
	jbohatch@gbptaxlaw.				
	E-mail address: (t	be used for future annual report notif	ication)	att. res	
For further information cor	ncerning this matter, please ca	II:		3	-
JOHN S. BOHATCH	I, ESQ.	305 666-1040		MAY-	
Name of I	Person		Telephone Number	Section 1	
Enclosed is a check for the	following amount:			PH 3: 3	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy)	Status &	

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

3121 and 3123, LLC

company has been notified in writing of this change.

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 08/12/2013 and assigned Florida document number L13000113555
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:
Service of the servic
New Registered Office Address: Enter Florida street address
City Florida Zi Zip Zip Zip Zip Zip Zip Zip Zip Zip
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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Type of Action
MGR	Peral, Eloy	3710 Riviera Drive	
		Coral Gables, FL 33134	■ Remove
MGR	Peral, Elia	3710 Riviera Drive	□ Add
		Coral Gables, FL 33134	■ Remove
MGR	Peral Holdings, LLC	3710 Riviera Drive	Add
		Coral Gables, FL 33134	□ Remove
			Remove
			A A A A A A A A A A A A A A A A A A A
			TAIL REMOVE TAIL OF SIMILE SSEE FLOWING Add
			□ Remove

entire data if other than the data of filing.	ianal)
ective date, if other than the date of filing: (opt effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days date this document is filed by the Florida Department of State)	t ional) s after
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Page 3 of 3

Filing Fee: \$25.00

