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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

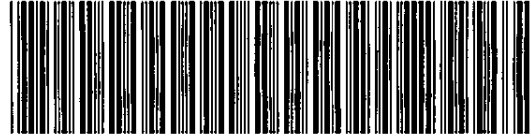
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. YOUNG  
FILING OFFICE

MAR 10 2015  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8610CT, 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:

ANNA TURKINGTON  
Name of Person  
ALEXANDRE BALLERINI P.A.  
Firm/Company  
927 LINCOLN ROAD, SUITE 200  
Address  
MIAMI BEACH, FL 33139  
City/State and Zip Code  
INFO@ALEXBALLERINI.LAW.COM  
E-mail address: (to be used for future annual report notification)

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15 FEB 26 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANNA TURKINGTON at (305) 507 9699  
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**

8610CT, 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 10/06/2014 and assigned Florida document number L14000155155

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)

C/O: ALEXANDRE BALLERINI  
927 LINCOLN ROAD, SUITE 200  
MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O: ALEXANDRE BALLERINI  
927 LINCOLN ROAD, SUITE 200  
MIAMI BEACH, FL 33139

**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

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15 FEB 25 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 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

Title                      Name                                      Address                                      Type of Action

MGR                      ALEXANDRE  
BALLERINI                                      927 LINCOLN ROAD, SUITE 200  Add  
MIAMI BEACH, FL 33139  Remove

MGR                      PATRICK HERVE                                      927 LINCOLN ROAD, SUITE 200  Add  
MIAMI BEACH, FL 33139  Remove

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Add

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\_\_\_\_\_  Add

\_\_\_\_\_  Remove

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

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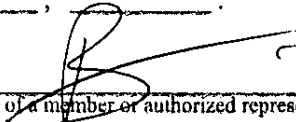
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 2/24/2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALEXANDRE BALLERINI, MANAGER  
\_\_\_\_\_  
Typed or printed name of signee

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15 FEB 26 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA