

18/12/2014

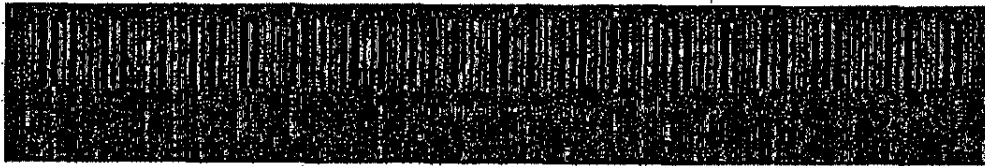
Division of Corporations

L14 000190704

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : MONAHAN MIJARES CPA PA
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Phone : (305) 407-1438
Fax Number : (305) 397-1003

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAFIRO 84, LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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14 DEC 16 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SAFIRO 84, 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 12/15/2014 and assigned Florida document number L14000190764.

This amendment is submitted to amend the following:

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

Zafiro 84, LLC

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

2014 DEC 16 PM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

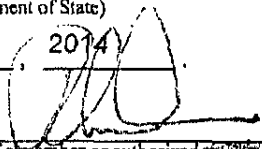
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 STATE OF MICHIGAN
 DIVISION OF CORPORATIONS

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 16

2014



Signature of a member or authorized representative of a member

Roark R. Monahan

Typed or printed name of signer

2014 DEC 16 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA