

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 301 DALE 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:

ANDRES F. ALOS
Name of Person
Firm/Company
814 PONCE DE LEON BLVD. #201
Address
CORAL GABLES, FLORIDA 33134
City/State and Zip Code
andresalos@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andres F. Alos 305 778-4391
Name of Person at () 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

FILED
STATE
CORPORATION
19 NOV - 1 2 11:47

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

301 DALE 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 1/14/2015 and assigned Florida document number L15000008358.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

814 Ponce De Leon Blvd. #201

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

814 Ponce De Leon Blvd. #201

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, Florida 33134

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:

Joseph R. Gomez, Esq.

New Registered Office Address:

201 Alhambra Circle #1205

Enter Florida street address

Coral Gables

Florida 33134

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>
AMBR	ANDRES F. ALOS	814 Ponce De Leon Blvd. #201, Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILVERBACK FINANCIAL LLC		<input type="checkbox"/> Add
		1901 Ponce De Leon Blvd. Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MACU MANAGEMENT, LLC	814 Ponce De Leon Blvd. #201 Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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