L1500000 8358

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(City/	/State/Zip/Phone	e #)
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COVER LETTER

Division of Cor	rporations				
301 DALE	LLC				
SUBJECT.	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANDRES F. ALOS				
	.	Name of Person			
		Firm/Company			
	814 PONCE DE LEON B	- ,			
		Address			
	CORAL GABLES, FLOR	IDA 33134			
		City/State and Zip Code			
	andresalos@yahoo.com				<u> </u>
	E-mail address: (to be used for future annual report not	ification)		- .'
For further information of	concerning this matter, please c	all:		13 FOV -	
Andres F. Alos		305 778-4391 at ()			
Name o	of Person	Area Code Daytin	e Telephone Number	3 (anaA11083 2311: 47	ان ج
Enclosed is a check for the	he following amount:			9 100	, T
■ \$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 i	Status & y	

MAILING ADDRESS:

Registration Section

TO:

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

301 DALE LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L. Florida document number L15000008358	iability Company	were filed on 1/14/2015	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	814 Ponce De Leon Blvd. #201	
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, Florida 33134	.
The state of the s		 	<u> </u>
		-	
Enter new mailing address, if applicable:		814 Ponce De Leon Blvd. #201	1
(Mailing address MAY BE A POST OFFICE BOX)		Coral Gables, Florida 33134	23 12
			= 32
B. If amending the registered agent and registered agent and/or the new registered o			er the name of the new
Name of New Registered Agent:	Joseph R. Gom	ez, Esq.	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	201 Alhambra	Circle #1205	
Ten nagares gries indies.		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>	Name	Address	Type of Action
AMBR	ANDRES F. ALOS	814 Ponce De LeonBlvd. #201,Coral Gables, Florida 33134	Add
			Remove
			Change
MGR	SILVERBACK FINANCIAL LLC		Add
		1901 Ponce De Leon Blvd. Coral Gables, Florida 33134	■ Remove
			☐ Change
MGR	MGR MACU MANAGEMENT, LLC	814 Ponce De Leon Blvd. #201 Coral Gables, Florida 33134	≅ Add
			Remove
			☐ Change
			Remove
		 	Change
			Add
		Remove	
		Change	
			Remove
			☐ Change

Effective date, if other than the date of filing: (Optional) (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 695.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The 90th day after the record is filled. Dated 10-31-B Signature of a member or authorized representative of a member Andres F. Alos). It amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: ((Fan 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated 10-31-8 Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing: ((If an effective date, if other than the date of filing): ((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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated ID - 31 - B Signature of a member or authorized representative of a member		
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Dated 10-31-18 Signature of a member or authorized representative of a member	Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Signature of a member or authorized representative of a member) The 9	Oth day after the record is filed.
	Dated	
Andres F. Alos		Signature of a member or authorized representative of a member
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00