Division of Corporations

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		*	COVER LETTER .	'A LEGA
	gistration Se vision of Cor			-
		perties, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Cassandra Coolidge, Esq.		
			Name of Person	
		Nelson Mullins Broad and	Cassel	
		<u></u>	Firm/Company	
		390 North Orange Avenue	, Suite 1400	
				
		Orlando, Florida 32801		
			City/State and Zip Code	
		cassic.coolidge@nelsonmu E-mail address: (lins.com to be used for future annual report notific	ention)
For further:	information c	oncerning this matter, please co	·	
Cassandra (Coolidge		407 839-4200	
	Name o	f Person	Aten Code Daytime	Telephone Number
Enclosed is	a check for t	ne 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)
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Fax Sørver

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION \mathbf{OF}

Picazo Properties, LLC			
Name of the Limited Liability Compr (A Florida Limited	nny as it now appense an our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L15000160033 This amendment is submitted to amend the following:	y were filed on September 21, 2015 and assigned		
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	325 S Biscayne Blvd		
(Principal office address MUST BE A STREET ADDRESS)	#1515		
	Miami, Florida 33131		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		 nev	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
·	, Florida		
New Registered Agent's Signature, if changing Registered Agent, I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	– ree to act in this capacity. I further agree to comply wit e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document		
if Cha	unging Registered Agent, Signature of New Registered Agent		

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member **Title** Address <u>Name</u> Type of Action Alfredo Gonzalez 3725 South Ocean Drive, PH17, AMBR Hollywood, Florida 33019 □ Add _■ Remove __ Change bbA □_ _□ Remove ____ Change ____ 🗆 Remove _____ Change _□ Add Remove O Change _🗆 Add __ 🗓 Remove _____ Change _____ □ Add ___ 🗆 Remove

_____ Change

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