Division of Corporations

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L15000163822

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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Account Name : VARGAS, PIEDRA & CO.
Account Number : I20070000148
Phone : (305)671-0003
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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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17100 NORTH BAY LLC

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OCT 01 2015
C. YOUNG

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17100 NORTH BAY 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 SEPTEMBER 25, 2015 and assigned Florida document number L15000163822.

This amendment is submitted to amend the following:

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

17100 1714 1809 NORTH BAY LLC

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:
(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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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: N/A

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

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

Title	Name	Address	Type of Action
MGR	CUNDARI, NATALIA	16850 COLLINS AVENUE	☐ Add
		STE 112-101	■ Remove
		Sunny Isles Beach, FL 33160	☐ Change
MGR	DEL VAL, EMILIO ERNESTO	9100 S. DADELAND BLVD	■ Add
		STE 912	☐ Remove
		MIAMI, FL 33156	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

E. 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 605.0207 (3)(b)

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.

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 30 2015

X _____

Signature of a member or authorized representative of a member

NATALIA CUNDARI-MANAGER

Typed or printed name of signee

Filing Fee: $25.00