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Division of Corporations

3054166811

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OAPP GALLO SHOPS, LLC

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ADAMS GALLINAR PA

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## **COVER LETTER**

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|----------|--------------|-------------------------|---|---|---|--|
| SUBJE    |              | APP GALI                | O SHOPS, LLC                              | ·   |   |  |
|          |              |                         | Name of Lim                               | ited Liability Company  |   |  |
|          |              |                         |   | •   | •   |  |
| The end  | closed Art   | icles of An             | nendment and fee(s) are sub               | mitted for filing.  |   |  |
| Please   | return all c | orrespond               | ence concerning this matter               | to the following:   |   |  |
|          |              |                         | Diane M. Hernandez                        |   |   |  |
|          |              |                         |   | Name of Person  | <del></del>   |  |
|          |              |                         | Adams Gallinar, P.A.                      |   |   |  |
|          |              |                         | · · · · · · · · · · · · · · · · · · ·     | Firm/Company  |   |  |
|          |              |                         | 1000 Brickell Avenue, Sui                 | te 300  |   |  |
|          |              |                         |   | Address   |   |  |
|          |              |                         | Miami, Florida 33131                      |   |   |  |
|          |              |                         |   | City/State and Zip Code   |   |  |
|          |              | ,                       | dhemandez@agilaw.com                      |   | TO S  |  |
|          |              |                         | E-mail address; (                         | to be used for future annual report notifica                        | ntion)  |  |
| For furt | ther inform  | nation con              | cerning this matter, please co            | all:  | フェル で<br>公子 1   | A STATE OF THE PARTY OF THE PAR |
| Diane i  | M. Hernan    | dez                     |   | 305 416-6800<br>at ( )  |   |  |
| Enclose  | ed is a che  | Name of Po              | ollowing amount:                          |   | elephone Number 55  | O  |
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09/06/2016 14:25

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## ADAMS GALLINAR PA

PAGE 03/05 (((H16000221046 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OAPP   | GALLO SHOPS, LLC   |                                       |
|--|--|---------------------------------------|
| ( <u>Name of the Limited Liabili</u><br>(A Florid  | ity Company as it now appears on ou<br>a Limited Liability Company)  | r records,)                           |
| The Articles of Organization for this Limited Liability C  | Company were filed on 7/11/2016  | and assigned                          |
| Florida document number L16000127155   | <b></b> '  |                                       |
| This amendment is submitted to amend the following:  |  |                                       |
| A. If amending name, enter the new name of the lim   | ited liability company here:   |                                       |
| OAPP LEON CENTER CORAL WAY, LLC  |  |                                       |
| The new name must be distinguishable and contain the words "Lim                                  | nited Liability Company," the designati  | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | ر د دواند المحادث المح |                                       |
| (Principal office address MUST BE A STREET ADDI  | RESS)  |                                       |
|  |  |                                       |
|  |  | COS - Princes                         |
| Enter new mailing address, if applicable:  |  | me m                                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                       |
|  |  |                                       |
|  |  | S. OI                                 |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |  | records, enter the name of the ne     |
| registered agent and/or the new registered office add  | <u>reas nere</u> ,   |                                       |
| Name of New Registered Agent:  |  |                                       |
| New Registered Office Address:   |  |                                       |
|  | Enter Florida stre   | et address                            |
|  |  | , Florida                             |
|  | City   | Zip Code                              |
| New Registered Agent's Signature, if changing Registere  | d 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 heing 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

09/06/2016 14:25 3054166011 ADAMS GALLINAR PA PAGE 04/05 It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each to 60020 to 60020 to 60000 or removed from our records:

| or removed tre           | om our records:        |   |                |
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Page 3 of 3

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