## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : 120110000064 : (309)301-0500 : (305)381-6225 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIRABELLA FISHING LLC

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K. SALY JUL <u>25</u> 2018

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MIRABELLAFISHINGLLC		···
( <u>Name of the Limited Liability</u> (A Florida	ry Company as It now appears on our record Limited Liability Company)	<u>(S.)</u>
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words 'Lim	tited 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 ADDE	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our recordiness here:	is, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stresa addre	
	. <b>F</b>	lorida
•=	City	Zip Cock

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

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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	<u>Name</u>	Address	Type of Action
MGR	CARLOSM.ROCCA	F001BRICKELLBAYDRIVE	□ Add
		SUITE2730	□ Remove
		MIAMI,FL33131	■ Change
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			□ Remove
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ffective date, if other than the effective date is listed, the date in letter. If the date inserted in this ocument's effective date on the	block does not b	cet the applies	to date of tiling able statutory	or more than 90 of filing requirem	_ (optional) lays after filing ents, this date	) Pursuant to 605.0201 will not be listed as
e record specifies a delay The 90th day after the re	ed effective decord is filed.	ate, but no	t an effecti	ve time, at 1	2:01 a.m.	on the earlier o
Pated July 23		2018				
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