

10/09/2015 11:36

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FLORIDA DEPARTMENT OF STATE

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**L12000142039**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

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

From:

Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305)416-6800  
Fax Number : (305)416-6811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OT 3408, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 OCT -9 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2015 OCT -9 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: OT 3408, LLC**\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez

\_\_\_\_\_  
Name of Person

Adams Gallinar, P.A.

\_\_\_\_\_  
Firm/Company

1000 Brickell Avenue, Suite 300

\_\_\_\_\_  
Address

Miami, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

dhernandez@agilaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M. Hernandez

\_\_\_\_\_  
at ( 305 ) 416-6800  
Area Code Daytime Telephone Number\_\_\_\_\_  
Name of Person

Enclosed is a check for the 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)**MAILING ADDRESS:**  
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

2015 OCT -9 AM 8:42

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OT 3408, 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 11/08/2012 and assigned  
Florida document number L12000142039

This amendment is submitted to amend the following:

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

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:

1000 Brickell Avenue

(Principal office address MUST BE A STREET ADDRESS)

Suite 300Miami, Florida 33131

Enter new mailing address, if applicable:

1000 Brickell Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Suite 300Miami, Florida 33131

**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:

AGI Registered Agents, Inc.

New Registered Office Address:

1000 Brickell Avenue, Suite 300Enter Florida street addressMiamiCityFlorida 33131Zip 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan D. Choghi	Florida PMG Corp	<input type="checkbox"/> Add
		1395 Brickell Ave., Suite 900	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33131	<input type="checkbox"/> Change
MGR	Sebastian Felipe Rodriguez-Robles	c/o 1000 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Miami, Florida 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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FILED  
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TALLAHASSEE, FLORIDA

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)

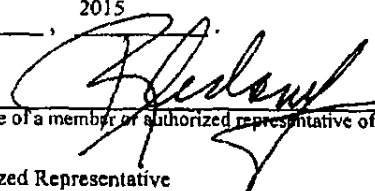
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 8

2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert R. Adams, Esq., Authorized Representative

\_\_\_\_\_  
Typed or printed name of signer