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| PICK-UP                   | ☐ WAIT            | MAIL        |
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| Certified Copies          | _ Certificates    | s of Status |
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## **COVER LETTER**

| TO:    | Registration Sec<br>Division of Corp |  | · · · · · · · · · · · · · · · · · · ·                               | •  |
|--------|--------------------------------------|--|---|--|
| SURT   | 520 GO                               | NDOLIERE HOLDINGS LLC                        | C   |  |
| SUBJ   | EC1:                                 | Name of Limi                                 | ited Liability Company  |  |
| The er | nclosed Articles of A                | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please | return all correspor                 | dence concerning this matter                 | to the following:   |  |
|        |                                      | Peter Hellebrand                             |   |  |
|        |                                      |  | Name of Person  |  |
|        |                                      | 520 Gondoliere Holdings L                    | LLC.  |  |
|        |                                      |  | Firm/Company  |  |
|        |                                      | 520 Gondoliere Ave.                          |   |  |
|        |                                      |  | Address   |  |
|        |                                      | Miami, FL 33143                              |   |  |
|        |                                      |  | City/State and Zip Code   |  |
|        |                                      | p.hellebrand@gmail.com                       |   |  |
|        |                                      | E-mail address: (t                           | to be used for future annual report notific                         | cation)  |
| For fu | irther information co                | ncerning this matter, please ca              | ıll:  |  |
| Evely  | n Rodriguez                          |  | 305 443-2598<br>at ( )  |  |
|        | Name of                              | Person                                       | Area Code Daytime   | Telephone Number   |
| Enclo  | sed is a check for the               | e following amount:                          |   |  |
| □ \$2  | 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JAN 23 PM 3.51

DICHEIARY OF STATE

| 520 60nd   | Treve Holdings - LLE CIE/A 3.5   |
|--|--|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Limit   | mpany as it now appears on our records.)  The Holdings - Lie Core of the State of St |
| The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Limited Liability Comparing Articles of Organization for this Limited Liability Comparing Florida document number L13000139165 | any were filed on 10/02/2013 and assigned  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited l   | iability company here:   |
| The new name must be distinguishable and contain the words "Limited L'  Enter new principal offices address, if applicable:  | iability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| (Principal office address MUST BE A STREET ADDRESS   |  |
| Enter new mailing address, if applicable:  | 520 Gondoliere Ave.  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Miami, FL 33143  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address I  Name of New Registered Agent:  New Registered Office Address:   | I office address on our records, <u>enter the name of the new</u><br>here:  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

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                       | Type of Action  |
|--------------|--------------------|--------------------------------------|-----------------|
| MGR          | PETER HELLEBRAND   | 520 Gondoliere Ave. Miami, FL 33143  | Add             |
|              |                    |                                      | □ Remove        |
|              |                    |                                      | ■ Change        |
| MGR          | MARIANELLA BLASINI | 520 Gondoliere Ave. Miami, FL 33 143 |                 |
|              |                    |                                      | □ Remove        |
|              |                    |                                      | ☐ Change        |
|              |                    |                                      | □ Add           |
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|  | e date, if other than the date of  | ecific and cannot less not meet the    | be prior to date of applicable statu    | filing or more than<br>ttory filing requir | <b>(optiona</b> )<br>90 days after filin<br>ements, this dat | g.) Pursuant to 605.020 |
| lf an effec<br><u>Note:</u> H  | f the date inserted in this block do<br>nt's effective date on the Departm   | nent of State's r                      | ecords.                                 |  |  |                         |
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Page 3 of 3

Filing Fee: \$25.00