12/81/2017 12:36

Division of Corporations

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## 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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 fax Number

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1100 E. 41ST STREET, LLC 0 Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

#LEGGETT DEC 0 4 2017

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1100 E. 41ST STREET, LLC	the seconds of the second of the seconds of the second of	<del></del>
(Name of the Limited L. (A F	Inbility Company as it now appears on our records.) Ionda Limited Limitity Company)	
The Articles of Organization for this Limited Liabil Florida document number L17000110920	ity Company were filed on 05/19/2017	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	. <del>.</del>	· 50 1
The new name must be distinguishable and contain the words	s "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 A		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, ge address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	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

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12/01/2017 12:36 5612968430

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	MAURY, ALBERT	201 ALHAMBRA CIR	D Add
		STE 1200	Remove
		MIAMI, FL 33134	☐ Change
MGR LEON.	LEON, BANJAMIN, III	201 ALHAMBRA CIR	☐ Add
		STE 1200	■ Remove
		MIAMI, FL 33134	[] Change
			Remove
			Change
			∩ ∧dd
			□ Remove
			Change
			Add
			☐ Remove
		3.	Change
	_		☐ Remove
			☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>
	<sub>□</sub> ===
	PEC TI
	-
	<del>,                                    </del>
	<u> </u>
	<del></del>
E. Effective dare, if other than the date of filing:  (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.) Purs  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	uant to 605.0207 (3) not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t (b) The 90th day after the record is filed.	he earlier of:
Dated 12/1/17	
Signature of a member or authorized representative of a member	
Carlos M Alvarez, Attorney in Fact  Typed or printed name of signee	<del>_</del>

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Filing Fee: \$25.00