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| Special Instructions to F | iling Officer: | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|-----------------------|----------|
| SUBJECT: DES | SIGN DISTRICT PROPERTY MANAGEMENT, LLC Name of Limited Liability Company | | |
| | | | |
| The enclosed Articles o | of Amendment and fee(s) are submitted for filing. | | |
| Please return all corresp | pondence concerning this matter to the following: | | |
| | Juan E. Rodriguez | | |
| • | Name of Person | | |
| | Salomon, Kanner, Damian & Rodriguez, P.A. | | |
| | Firm/Company | | |
| | 80 S.W. 8th Street, Suite 2550 | | |
| | Address | | |
| , ~ | Miami, Florida 33130 | | |
| * | City/State and Zip Code | Em _ | |
| | jrodriguez@skdrlaw.com | 2 F | ***** |
| | E-mail address: (to be used for future annual report notification) | SW. | - 8 |
| For further information | concerning this matter, please call: | 3333 7.78 8.778 | |
| Jua | an E. Rodriguez at (305) 379-1681 | OF STA | |
| Name | of Person Area Code & Daytime Telephone Number | IAIE DRIDA | <u> </u> |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | (additional copy is enclosed) Certified C | of Status & | · d) |

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

DESIGN DISTRICT PROPERTY MANAGEMENT, 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 | April 13, 2001 | and assi | gned |
|--|-------------------------|---------------------|---|-------------|
| Florida document numberL0100005798 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company, | "the designation "L | LC" or the at | obreviation |
| Enter new principal offices address, if applicable: | 3801 N.W. 2nd | Avenue | 7 ³ / | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, Florida | 33127 | 2 FEB EGIET LLAHA | |
| Enter new mailing address, if applicable: | 3801 N.W. 2nd | Avenue | 3.335.5 30,733 144 S1 | T |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, Florida | | 12: 48 17: 18 10: 10: 10: 10: 10: 10: 10: 10: 10: 10: | <u> </u> |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | records, enter the | he name of | the new |
| Name of New Registered Agent: | · | | | , |
| New Registered Office Address: | Enter | Florida street addı | ress | |
| · | . Florida | | | |
| | City | , 1 101 1000 | Zip Code | |
| New Pagistared Agent's Signature if changing Registered Agent | | | | |

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGKW = 1 | Managing Member | | |
|--------------|---|---|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| - ← | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | IN THE PERSON OF |
| | | | 15 PM 12: 48 SEE: FLORIDA SEE: FLORIDA |
| Dated | 2/08,20 | 212 al.H. Darr | _ |
| | | r or authorized representative of a member | |
| | | Elizabeth Rosen | |

Page 2 of 2

Filing Fee: \$25.00