Division of Corporations Electronic Filing Cover Sheet

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(((H16000306513 3)))



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

418, LLC

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December 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

418, LLC 1385 CORAL WAY PH #403 MIAMI, FL 33145

SUBJECT: 418, LLC REF: L03000038478

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Stacey M Warren Regulatory Specialist II FAX Aud. #: H16000306513 Letter Number: 016A00026651

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 418, LLC   |   |
|--|---|
| (Name of the Limited Liability Company as<br>(A Florida Limited Liability)   | it now appears on our records.) ity Company)                |
| The Articles of Organization for this Limited Liability Company were   | filed on 10/09/2003 and assigned                            |
| Florida document number L03000038478   |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability   | company here:   |
| The now name must be distinguishable and contain the words "Limited Liability Co   | impany," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | ,   |
| (Principal office address MUST BE A STREET ADDRESS)  |   |
|  | (va. ) and  |
| The second of th | 16 D  |
| Enter new malling address, if applicable:  |   |
| (Mailing address MAX BE A POST OFFICE BOX)   | <u> </u>  |
|  |   |
| B. If amending the registered agent and/or registered office   |   |
| registered agent and/or the new registered office address here:  | 5 <b></b>   |
|  | , ii da   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
|  | Enter Florida str <del>ee</del> t 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

| Title        | Name                  | Address                                  | Type of Action |
|--------------|-----------------------|--|----------------|
| MORM         | Jackeline Londono, PA | 1385 Coral Way, PH 403                   |                |
|              |                       | Miami, FL 33145                          | ■ Remoye       |
| <i>,</i> , . |                       | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | Change         |
| · ·          |                       |  | ☐ Add          |
|              |                       |  | ☐ Remove       |
|              |                       |  | ☐ Change       |
| MOR          | Jackeline Londono     | 235 Lincoln Road, #307                   |                |
|              |                       | Miami Beach, FL 33139                    | □ Remove       |
|              |                       |  | Change,        |
|              |                       |  | DEC 15         |
|              |                       |  | L Remove       |
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|              |                       |  | D Add          |
|              |                       |  | □ Remove       |
|              |                       |  | ☐ Change       |

| D. If am   | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |                          |                          |                    |
|------------|---|--------------------------|--------------------------|--------------------|
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|            |   | $S_{\perp}$              | مِ                       | ţ                  |
|            |   |                          | 00                       |                    |
| Note:      | December 13, 2016  [total date of filing:  Testive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purior to date inserted in this block does not meet the applicable statutory filing requirements, this date will sent's effective date on the Department of State's records. | want to 61<br>Not be liv | )5.0207 (1<br>Ited as ti | 3)(b)<br>1e        |
| If the re- | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.   | he earl                  | ier of:                  |                    |
| Dated      | December 13, 2016  Signiture of a member or authorized representative of a member   |                          |                          |                    |
| 6          | Jackelino Londono   |                          |                          |                    |
|            | Typed or printed paine of signee  |                          |                          |                    |

Page 3 of 3 Filing Fee: \$25.00