## 10300047961

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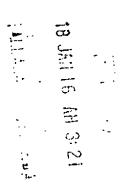
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## **COVER LETTER**

TO: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

CITIDADON	MIAMI, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eric J. Grabois		
		Name of Person	
	Eric J. Grabois, P.L.		
	<del> </del>	Firm/Company	
	1666 79th Street Causeway	y, Suite 500	
		Address	····
	North Bay Village, FL 331	41	
		City/State and Zip Code	
	service@graboislaw.com		
<sup>2</sup> or further information e	n-mail address: { concerning this matter, please concerning this matter.	to be used for future annual report notifi all:	cation)
Eric J. Grabois		at ()	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 tacklitional copy is enclosed
Registr	ING ADDRESS:	STREET/COURIE Registration Section	1
	on of Corporations ox 6327	Division of Corpora Clifton Building	tions

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nautix Miami, L.L.C. (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 11/26/2013 and assigned Florida document number  $\frac{1.03000047961}{}$ 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
VP	Luca Poles	5401 N. Federal Highway	■ Add
		F). Lauderdale, FL 33308	☐ Remove
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Filing Fee: \$25.00