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COVER LETTER

TO: Registration Division of C			
1803 Mu SUBJECT:	rano LLC		
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Olga Vodolazschi		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Lopez Levi Lowenstein C	ilinsky	
		Firm/Company	
	201 Alhambra Circle, Ste	701	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	E-mail address:	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Olga Vodolazschi		305 7742945	
Name	of Person	at ()	: Telephone Number
Enclosed is a check for	the 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 (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

11 1 1

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

1803 Murano LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as II now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L03000048650	_ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company he	re:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:	300 AR	AGON AVEN	UE
(Principal office address MUST BE A STREET ADDRESS)	SUITE	_	
		GABLES	FL 3313
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	Mice address on e:	our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
	City	, Florida	'th. 7' 1
New Registered Agent's Signature, if changing Registered Agent:	Cuy		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as positing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of t provided for in Ci address, I hereby	ny duties, and 1 am fan hapter 605. F.S. Or. if	niliar with and this document is ed trability
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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	<u>Name</u>	Address	Type of Action
AMBR	Alberto Lensi	2222 PONCE DE LEON BLVD	
		SUITE 150	🖹 Remove
		Coral Gables, FL 33134	Change
AMBR	ALBERTO LENSI HOLDING LLC	201 ALHAMBRA CIRCLE	■ Add
		Suite 701	Remove
		CORAL GABLES, FL 33134	☐ Change
			D Add
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Filing Fee: \$25.00