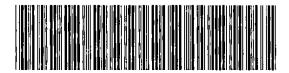
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W. HARRYE

## **COVER LETTER**

то:	'Registration Sec Division of Corp						
ATT 1 PK E E E	ORLMAR.						
SUBJECT:  Name of Limited Liability Company							
The enc	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please i	return all correspor	ndence concerning this matter	to the following:				
		JOHN S. BOHATCH, ESC	Q.				
			Name of Person				
		GUTTENMACHER, BOI	HATCH & PENARANDA, P.A.				
			Firm/Company	<del></del>			
		7301 SW 57th Court, Suite	2 560				
			Address				
		South Miami, FL 33143					
			City/State and Zip Code				
		JBohatch@gbptaxlaw.com					
		E-mail address: (	to be used for future annual report notifi-	cation)			
For furt	ther information co	oncerning this matter, please ca	all:				
· · · · · · · · · · · · · · · · · · ·							
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	e following amount:					
<b>■</b> \$25	5.00 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, 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

ORLMAR, LLC					
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)				
The Articles of Organization for this Limited Liability Florida document number	Company were filed on January 13, 2005	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<b>201</b>			
Principal office address MUST BE A STREET ADD	RESS)	J. 32			
		SET O			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
Willing datess MAT BE AT 031 OFFICE DOA	<del></del>				
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flori	ida			
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BRIEVA REAL ESTATE LLLP	5011 SW 87TH AVENUE	
		MIAMI, FL 33165	■ Remove
			☐ Change
MGR	ORLANDO J. BRIEVA	5011 SW 87TH AVENUE	Add
		MIAMI, FL 33165	□ Remove
			Change
MGR	MARIA T. ARAL	6005 SW 87TH AVENUE	Add
		MIAMI, FL 33173	□ Remove
			Change
	·		
			□ Remove
			☐ Change
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			Remove  SST Add  Remove
		-	Change

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effective date	if other than the dat is listed, the date must be	specific and canno	ot be prior to date of	filing or more than	90 days after fifin	y g.) Pursuant to 60
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ORL/	ANDO J. BRIEVA		or printed name o		-	पु⇒ <b>०</b> ।
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Filing Fee: \$25.00