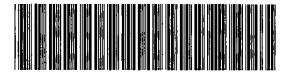
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DIVISION OF CORPORATIONS

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COVERLETTER

Division of C	orporations		
18 Unit	Project, LLC		
SUBJECT.	Name of Litt	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Luis Leon		
		Name of Person	
		Firm/Company	
	5959 Blue Lagoon D	Orive, Suite 101	
		Address	
	Miami, Florida 3312	6	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	lleon@winmarcoasta		
	E-mail address: (to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
Name	e of Person	at () Area Code Dayt	ime 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

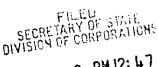
Registration Section

TO:

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 ARTICLES OF ORGANIZATION SECRETARY OF CORPORATIONS OF



15 JAN -8 PM 12: 47

18 Unit Project, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L05000021507	were filed on 3/2/2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Attn: Luis Leon
(Principal office address MUST BE A STREET ADDRESS)	5959 Blue Lagoon Drive, Suite 101
	Miami, Florida 33126
Enter new mailing address, if applicable:	Attn: Luis Leon 5959 Blue Lagoon Drive, Suite 101
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33126
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Add
			☐ Remove
			□ Remove
			
			□ Remove
			Add
			□ Remove
			□ Add
			□ Remove

) here: (Attach additional sheets, if necessary.) FILED SECRETARY OF STARY DIVISION OF CORPORA
	MAI21011
	15 JAN -8 PH 12
	7. VA. MARIO
Sective date, if other than the date of filing:	(optional) ipt or filed date and cannot be more than 90 days after
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Filing Fee: \$25.00