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SECRETARY OF STATE
FALLAHASSEE, FLORID

J. BRYAN

JUN 2 6 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Miamiprop Three LLC						
	Name of Limite	d Liability Company				
The enclosed Articles of Amendmen	it and fee(s) are subm	nitted for filing.				
Please return all correspondence con	cerning this matter to	the following:				
	Cardy 1	Mouton Name of Person				
	Cible C	lduesory Firm/Company	·			
	700 El	eventh Street &	buth PHZ			
	Naple	S. FL 34102 City/State and Zip Code	FIL 09 JUN 25 SECRETARS FALLAAHASS			
	E-mail address: (to	befused for future annual report notifica	m m m m			
For further information concerning t	his matter, please cal	il:	2: 01 STATE LORID			
		at (239, 430 · 43				
Name of Person		Area Code & Daytime T	elephone Number			
Enclosed is a check for the following	g amount:					
\$25.00 Filing Fee \$30.00	0 Filing Fee & tificate 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 ADDI Registration Section	on	STREET/COURIER Registration Section				
Division of Corpor P.O. Box 6327		Division of Corporati Clifton Building	ons			
Tallahassee, FL 32	2314	2661 Executive Cent	er Circle			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miamidrod T	Three LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	/ /
Florida document number <u>L05000 80090</u> .	O
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the Fords "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Pro un
(Principal office address MUST BE A STREET ADDRESS)	The second secon
Enter new mailing address, if applicable:	E. F.C.
(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 he	office address on our records, enter the name of the new
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 Agen	t:

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Aomac Limited	700 Eleventh Street S PHZ Naples, FL 34102	Add Remove
Mgr	Aomac Properties	700 Eleventh Street Sout PH2 Naples, FC 34102	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, enter change	(s) here: (Attach additional sheets, if necessar	y.)
		TALLAHASS	SECRETAR
Dated _	May 20 , 200	9	PH IZ: 01
	Signature of a member of	or authorized representative of a member  L. MOVYIEN	
	Typed 6	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00