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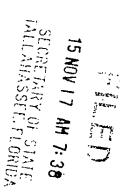
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

	egistration Sec ivision of Corp		s + C	.
SUBJECT	142 GIRAL	DA LLC		
SOBSECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		ALBERTO ETTEDGUI		
			Name of Person	
		142 GIRALDA LLC		
			Firm/Company	
		1600 PONCE DE LEON E	BLVD. SUITE 1025	
			Address	
		CORAL GABLES, FLOR	IDA, 33134	
			City/State and Zip Code	
		alett15.05@gmail.com		
		E-mail address: (to be used for future annual report notific	ation)
For further	information co	oncerning this matter, please co	all:	
ALBERTO) ETTEDGUI		786 3501125	
	Name of	Person	Area Code Daytime	Celephone Number
Enclosed is	a check for the	e 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, 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

142 GIRALDA LLC

(<u>Name of the Lim</u>	ited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited I Florida document number L06000047219	Liability Comp	pany were filed on May 5, 2006	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS	5)	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	(BOX)	- 	
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			5 NOV 17
New Registered Office Address:	N/A		2 3 17
		Enter Florida street address	7:38
		, Florida	Zin 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SILVIA SAIDEN	1643 BRICKELL AVE, APT. 2305	Add
			■ Remove
			□ Change
MGR	VERONICA SUCRE	1643 BRICKELL AVE, APT. 2305	■ Add
			□ Remove
			☐ Change
	·		
			□ Remove
			Change
			Add
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		ASS County
		7:38 STATE LORIDA
		2. C
ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	e specific and cannot be prior to date of filing to does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delayed e he 90th day after the record		ve time, at 12:01 a.m. on the earlier
ed NOVEMBER 11	, 2015	
	AMIN SAIDEN	
	gnature of a member or authorized represent	ative of a member

Page 3 of 3

Filing Fee: \$25.00