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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT.	ORNARE MIAMI	DESIGN DISTRIC	THC	
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		•
	Daniel Novela			_
		Name of Person		
	Novela Law			
•	Firm/Company			-
1390 Brickell Avenue, Suite 200			,	
	Address			-
	Miami, FL 33131			
		City/State and Zip Code		-
	dn	ovela@novelalaw.com	1	F. 6
			ort notification)	E S T
For further information	concerning this matter, please	call:		-5 SSE SSE
Daniel Novela		at (305)	371-6711	SEE BE IN
Name	of Person	Area Code &	Daytime Telephone Number	D 2: 05 STATE LORIDA
Enclosed is a check for	the following amount:			بهموني. ا
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certifie	iling Fee, cate of Status & cd Copy onal 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		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORNARE MIAMI DESIGN DISTRICT LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 07/26/2006 The Articles of Organization for this Limited Liability Company were filed on and assigned L06000074080 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FDC MIAMI DESIGN DISTRICT LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City



If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Managing Member Type of Action <u>Title</u> Name **Address** ☐ Add Remove 🗍 Add Remove ☐ Add Remove Add Remove $\bigcap Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Murillo C. Schattan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00