

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000010520 3)))



H100000105203ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
170/4M ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

10 JAN 15 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 15 PM 12:07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

Help

JAN 19 2010

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

170/4M ASSOCIATES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 24, 2007 and assigned
Florida document number L07000042962

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1643 Brickell Avenue, Apt. 3304

Miami, Florida 33129

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 the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Marco Aurelio Royo

New Registered Office Address:

1643 Brickell Avenue, Apt. 3304

Enter Florida street address

Miami

Florida

33129

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 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.

X Marco Aurelio Royo
If Changing Registered Agent, Signature of New Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 15 PM 12:37

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

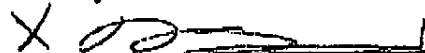
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Alexandre Bosoni	1425 Brickell Avenue, Apt. 58E Miami, FL 33131	☐ Add ☒ Remove
MGRM	Maria Bosoni	1425 Brickell Avenue, Apt. 58E Miami, FL 33131	☐ Add ☒ Remove
MGRM	Marco Aurelio Royo	1843 Brickell Avenue, 3304 Miami, FL 33129	☒ Add ☐ Remove
MGRM	Cecilia Royo	1843 Brickell Avenue, 3304 Miami, FL 33129	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

January 13, 2012

X 

Signature of a member or authorized representative of a member

Alexandre Bosoni

Typed or printed name of signer