



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.

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To:

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

From:

Account Name : ALECO HARALAMBIDES, P.A.
Account Number : I20140000069
Phone : (305) 854-5206
Fax Number : (305) 854-1087

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

Email Address: _____

FILED
2016 MAY 17 P 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HERMITAGE PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HERMITAGE PARTNERS, 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 11/18/2007 and assigned
Florida document number L07000116425.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3335 SW 10th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33135

Enter new mailing address, if applicable:

3335 SW 10th Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33135

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:

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

05-12-'16 16:26 FROM-

305-854-1087

T-123 P003/004 F-961

is submitting Authorized Person(s) authorized to manage, control, and maintain any and all of their property, being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CRA MANAGEMENT, LLC	3335 SW 10 Street	☒ Add
		Miami, FL 33135	☐ Remove
			☐ Change
MGR	ALECO HARALAMBIDES	3135 SW 3 Avenue	☐ Add
		Miami, FL 33129	☒ Remove
			☐ Change
MGR	VASILIKI HARALAMBIDES	3135 SW 3 Avenue	☐ Add
		Miami, FL 33129	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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2016 MAR 13 4:55
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T-124 P004/004 F-961

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

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2016 MAY 13 P 4:45
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 05/12/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 12 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ALECO HARALAMBIDES

Typed or printed name of signee