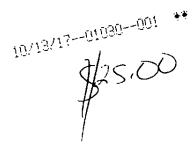
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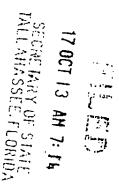
(Requ	uestor's Name)	
(Addı	ess)	
(AbdA)	ess)	
(City/	State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)
(Docu	ument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

Division of Cor	porations		
SUBJECT:	izHM H	old Mgs 11, LCC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	6	. Del Amo Name of Person	
		Name of Person	
		Eumpouro Costro Firm/Company	ile
		rimicompany	
	500	S. DIXIE Highwar	4 #302
	GISENE. E-mail address: (1	City/State and Zip Code OV + 1 2 delawie 20 to be used for future annual report notifi	33144 mpanocastro.com
For further information of	concerning this matter, please ca		
Same o	Del Amo	at (305) Some Daytime	3-2990 Telephone Number
Enclosed is a check for t	he 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)
	NG ADDRESS	CTN FET (CO UNIV	SD ADDDEGG

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

12HM Holdiv		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 2 6 200 8	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		42 C
New Registered Office Address:	Enter Florida street address	SSEE F
	, Florida	≥ 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

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	CB 500 Holdings, LLC	3847 West Gardenia Ave	
		Weston, F1 33332	Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00