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From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number: 120010000025 Fhone: (305)935-3500 Fax Number: (305)935-9042 SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NORTH MIA MANAGEMENT, LLC

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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

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M. THOMAS

SEP - 5 2008

EXAMINER

9/3/2008

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: North I	MIA Investments, LL	С	mi .
		ited Liability Company)	
The enclosed Anicles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jennifer Snyder, Esq.		ESC.
		(Name of Person)	
	Leopold Korn Leopold &	Snyder, P.A.	SER
•		(Firm/Company)	
	20801 Biscayne Blvd., S	uite 501	
		(Address)	
	Aventura, FL 33160		
		(City/State and Zip Code)	
For further information	concerning this matter, please o	all:	
Jennifer Snyder, Esq.		at (305) 935-3500 ext. 23	
(Name of Person)		(Arca Code & Daytime T	'elephone Number)
Enclosed is a check for	the 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)
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 bassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH MIA MANAGEMENT, LLC					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now spocars on our records	<u> </u>			
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000081535</u> ,		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:	EP -1			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designati	ion "LLC" or the abbreviation			
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 of registered agent and/or the new registered office address her		ter the name of the new			
Name of New Registered Agent:		····			
New Registered Office Address:	(Enter Florida stre	et address)			
	, Florid				
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>				

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.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

MGR = Manager

408000207414\$

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:

	Name	Address	Type of Action
<u>IGR</u>	SANTIAGO STEED	1976 E. Sunrise Blvd., #750 Ft. Lauderdale, FL 33304	
<u>IGR</u>	Guittermo Petri	1975 E. Sundse Blvd. #750 Ft Laudenfale, Ft. 33304	Add
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
). If amen 	ding any other information, enter o	change(3) here: (Attach additional sheets, if neces	ngary.)
-			
		\	 _
Dated	reptember 3/16		

Page 2 of 2 Filing Fee: \$25.00

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