Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000030743 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: MURAI, WALD, BIONDO, MORENO, P.A Account Name

Account Number: 076150002103 Phone : (305)444-0101

Fax Number : (305)444-0174

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.* $\star_{ au_i}$

mcurraisa mwam. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LORENZO OCEAN REEF, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
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From:

FAX AUDIT NUMBER: H16000030743 3 ...

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | LORENZO OC | EAN REEF, LLC | | | | |
|--|----------------------|--|-----------------------------|----------------|------|------------|
| (Name of the Lim | (A Florida Limited | any as it now annears on a Liability Company) | our records.) | | | |
| The Articles of Organization for this Limited L Florida document number <u>L08000110471</u> | Liability Company | were filed onDECE | MBER 1, 2008 | and assig | gned | |
| | | | | | | |
| This amendment is submitted to amend the following | lowing: | | | | | |
| A. If amending name, enter the new name of | of the limited lish | ollity company here: | | | | |
| Eulen Ocean Reef LLC | | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lility Company," the designa | tion "LLC" or the abb | reviation "L.L | .C." | _ |
| Enter new principal offices address, if applicable: | | 7200 Corporate Cente | er Drive | | | _ |
| (Principal office address MUST BE A STREE | ET ADDRESS) | ¥206 | | | | |
| | | Miami, FL 33126 | | | | _ |
| | | | | <u></u> | ਲ | |
| Enter new mailing address, if applicable: | | | | ₹ <u>`</u> | 71 | _ : |
| nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) | | Miami, FL 33152 | | 31.2 | ಹ | 1 |
| | | ····· | | <u> </u> | ن | Com * PSut |
| | | | | | A | |
| B. If amending the registered agent and registered agent and/or the new registered or | | | records, enter the | ie namo o | (EE | new |
| TORISTORY RECUIT MINE OF THE HOW TORISTORY OF | THE BUILT COLUMN | Y• | | <u> </u> | _ | |
| Name of New Registered Agent: | Murai Wald Bi | ondo & Moreno PLLC | | | | - |
| New Registered Office Address: | 2121 Ponce de | Leon Blvd., Suite 600 | | | | _ |
| | | Enter Florida str | set address | | | - |
| | Coral Gables | | , Florida _ ³³¹³ | | | |
| | | 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 Agens, Signature of New Registered Agent

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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

| Title | <u>Name</u> | Address | Type of Action |
|-------|--|---------------------------|-------------------------|
| MGRM | Jose C. Lorenzo | 11035 Marin Street | □ Add |
| | | Coral Gables, FL 33156 | ■ Remove |
| | | | □ Change |
| AMBR | American Sales and Management C | 7200 Corporate Center Dr. | ₩ Add |
| | | #206 | ☐ Remove |
| | | Miami, FL 33126 | Change |
| | Management of the second of th | | □ Add |
| | | | □ Remove |
| | | | Change T |
| | | | D Add J |
| | · | | □ Remove ☐ □ □ Change □ |
| | ···· | OChange | |
| | ····· | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | | □ Change |

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| Tective date, if other than the date of filing: | | | | | (*** | |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the | an effective date is listed, the date must be s | necific and cannot be n | cior to date of filing o | t more than 90 days after | ional) | = = = = |
| | e record specifies a delayed effi The 90th day after the record i | active date, but is filed. | not an effectiv | e time, at 12:01 a | a.m. on the earlier | r of: |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. | | | N | / | | |
| The 90th day after the record is filed. | Dated February 5 | . 2016 | - May / | | | |
| The 90th day after the record is filed. ated February 5, 2016 | Dated February 5 | · · · · · · · · · · · · · · · · · · · | | ive of a member | | |

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