109000Apg6

| (Re | equestor's Name) | |
|--|--------------------|-------------|
| (Ac | idress) | |
| (Ad | idress) | |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bd | usiness Entity Nar | ne) |
| (De | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



700278966727

11/10/15--01007--035 **25.00

FILED # 3 46

NOV 12 2015 S. YOUNG

COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|---------|------------------------------------|--|---|--|--|
| CUDI | DCT. | | ARTECH 526 LLC | | |
| SUBJI | ECT: | Name of Lim | ited Liability Company | | |
| | | Amendment and fee(s) are sub | | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | |
| | | | STEVEN F. PESSOA, ESQ. | | |
| | | | Name of Person | | |
| | | CO | HEN PESSOA LAW GROUP, PLLC | | |
| | Firm/Company | | | | |
| | 2828 CORAL WAY, SUITE 525 Address | | | | |
| | | | | | |
| | | | MIAMI, FL 33145 | | |
| • | | OTEN. | City/State and Zip Code | | |
| | | EN@COHENPESSOALAW.COM to be used for future annual report notification) | | | |
| For fur | ther information c | oncerning this matter, please c | 1.22 | | |
| STEV | EN F. PESSOA, E | SQ. | all: 786 452-9890 at () Area Code Daytime Telephone Number | | |
| | Name o | f Person | Area Code Daytime Telephone Number | | |
| Enclos | ed is a check for th | ne following amount: | | | |
| \$2 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed). Certified Copy (additional copy is enclosed) | | |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section of Corporations ox 6327 ussee, 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

| | | H 526 LLC | | |
|---|--|--|-----------------|---------------------------------------|
| (Name of the Limi | ited Liability Compa (A Florida Limited | any as it now appears on o Liability Company) | ur records.) | · · · · · · · · · · · · · · · · · · · |
| The Articles of Organization for this Limited L Florida document number L09000091066 | Liability Company | were filed on Septem | ber 21, 2009 | and assigned |
| The Articles of Organization for this Limited Liability Company were filed on September 21, 2009 and assigned florida document number L09000091066 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 "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 2828 CORAL WAY, SUITE 525 MIAMI, FL 33145 | | | | |
| A. If amending name, enter the new name of | of the limited liab | oility company here: | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designa | tion "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 2828 CORAL WAY, | SUITE 525 | |
| Principal office address MUST BE A STREI | ET ADDRESS) | MIAMI, FL 33145 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | MIAMI, FL 33145 | | ter the name of the r |
| Name of New Registered Agent: | COHEN PESS | OA LAW GROUP, PLL | С | - |
| New Registered Office Address: | 2828 CORAL | <u> </u> | | |
| | | Enter Florida str | | |
| | MIAMI | Cita | , Florida | 33145 |
| | | 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

Page 1 of 3

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> | Name | <u>Address</u> | Type of Action |
|--------------|------------------|------------------------|----------------|
| MGRM | SERGIO COMOLATTI | 355 ALHAMBRA CIR. | Add |
| | | SUITE 801 | ■ Remove |
| | | CORAL GABLES, FL 33134 | ☐ Change |
| MGR | SERGIO COMOLATTI | 2828 CORAL WAY | |
| | · | SUITE 525 | ☐ Remove |
| | | MIAMI, FL 33145 | ☐ Change |
| | | | Add |
| | | • | Remove. |
| | | | Chânge T |
| | | | 会計 5 Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |

| | | | | | | | - |
|---------------------|--|------------------|--|----------------------|-----------------|---------------------|-------|
| | | | | | | | • |
| | | | | | | | |
| | | | | | | | • |
| | | | | | | <u> </u> | |
| | | | | | | | |
| | | | | | | | • |
| | | | | | | | - |
| | | | | | | | |
| | | | | | | | • |
| | | | | | | | |
| | • | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | , | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | · | -100 th | • |
| | | | | | | <u> 下绍 师</u> | |
| | | | | | | 高訊看 | erre |
| • | | | | | | (2) | Ī |
| | | | · · · · · · · · · · · · · · · · · · · | | | <u> 영호 0</u> | |
| | | | | | | - 100 B | |
| - | · · · · · · · · · · · · · · · · · · · | | | | | 95. 4 | |
| | | | | | | | 5 |
| ective date, if | other than the date isted, the date must be s | of filing: | h | Cling on many than C | optiona | l) Duranant to 605 | : 020 |
| enective date is in | isted, the date must be sparted in this block d | oes not meet the | e applicable statu | tory filing require | ments, this dat | te will not be list | ed a |
| | e date on the Departi | | | | | | |
| | | | | | | | |
| | ies a delayed effo | | out not an eff | ective time, at | : 12:01 a.m | . on the earli | er (|
| he 90th day | after the record i | is filed. | | | | | |
| | | | | | | | |
| ed <u>Novan</u> | aber 5 | | 015. | | | | |
| | ()/ | | 2 | | | | |
| | | 1. Kes | <u>. </u> | | | | |
| | ZI Sign | ture of a member | or authorized repr | esentative of a mem | ber | | |

Page 3 of 3

Filing Fee: \$25.00