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	To:	Division of Corporations Fax Number : (850)617-6383	RIZ H
٠. ق	STATE LORIDA most	Account Name : EMPIRE CORPORATE KIT COMPANY Account Number: D72450003255 Phone : (305)634-3694 Fax Number : (305)633-9696	STATE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LATITUDE ON THE RIVER 2411 LLC

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

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4/12/2012

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ARTICLES OF AMENDMENT τ 0 ARTICLES OF ORGANIZATION

LATITUDE ON THE RIVER 2411 LLC

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ARTICLES OF A	AMENDMENT	
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ARTICLES OF O	RGANIZATION	5. 40 //
O)	F	17/4/2 P/2 CA
LATITUDE ON THE	RIVER 2411 LLC	13/17 1/19
(Name of the Limited Liability Compar (A Florida Limited L	ev ay if now appears on our records.)	
(A Fiorida Limited E	izouity Company)	170A
The Articles of Organization for this Limited Liability Company	were filed on 10/20/2009	and assigned
Florida document number L09000101279		
r fortalt accument number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
N/A The new name must be distinguishable and end with the words "Limi" "L.L.C."		"LLC" or the abbreviation
Enter new principal offices address, if applicable:	175 SW 7 St., Suite 1409	
(Principal office address MUST BE A STREET ADDRESS)	Miaml, Florida 33130	
Enter new mailing address, if applicable:	175 SW 7 St., Suite 1409	
(Moiling address MAY BE A POST OFFICE BOK)	Miami, Florida 33130	CONTRACTOR
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	and a subject of the supplier	
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B. If amending the registered agent and/or registered of registered exent and/or the new registered office address here		the name of the new
	•	
No. 1 and Tour W. Daniela B		
Name of New Registered Agent		
New Registered Office Address:		
	Eruer Florida street aa	ldress
	, Florida	
	City Florida _	Zip Code
Navy Davierand Accords Clamatons 18 changing Banton and Accord		— <u>2</u> c. ₩₩₩₩

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 heing filed to morely 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

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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:

MGR = Manager MGRM = Managing Momber

Title	<u>Name</u>	Address	Type of Action
MGRM	EDUARDO POLEO	3520 NW 115 Avenue Miami, Florida 33178	Add Remove
MGR_	ANA G. POLEO	3520 NW 115 Avenue Miami, Florida 33178	Add Remove
MGRM	ALBERTO POLEO	175 SW 7 St., Suite 1409 Miami, Florida 33130	Addi Remove
			Atd Remove
			Add Remove
			Add
D. If amen	ding any other information, enc	er change(s) here: (Attach additional sheets, if necessary.)	
Dated	March 8	, 2012	
	Signature of	a member or authorized representative of a member	
		EDUARDO POLEO	
		Typed or printed name of signee	

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