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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor					
OF ID TO	ace.	DEER C	APITAL, LLC			
Name of Limited Liability Company						
			•	·		
The en	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	•		
Please	return all correspo	ndence concerning this matter	to the following:			
		ED	GAR A. BENES, ESQ.			
		•	Name of Person			
EDGAR A. BENES, P.A. Firm/Company						
	2300 NW CORPORATE BLVD., SUITE 222					
Address						
	BOCA RATON, FLORIDA, 33431					
	•		City/State and Zip Code	•		
	EBENES@BENESLAW.COM E-mail address: (to be used for future annual report notification)					
For fur	ther information c	oncerning this matter, please ca	-			
	EDGAR Name o	A. BENES, ESQ.	at (561) 99 Area Code & Daytime Te	9-1993		
	TVIIIIO O	11013011	7.102 0000 00 20, 1.110 1.0			
Enclos	ed is a check for th	ne following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

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

		PITAL, LLC			
(Na	me of the Limited Liability Comp (A Florida Limited	<u>any as it now appear</u> Liability Company)	s on our records.)		•
ent and the second of the second	D. 145.7.7.1.14.3.7.1.4.11(4		1/5/10		
	for this Limited Liability Compan	y were med on	113/10	and assigned	•
Florida document number	L10000001246			•	
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited lia	bility company hero	2:		
					
The new name must be distinguing. "L.L.C."	ishable and end with the words "Lin	nited Liability Compar	ny," the designation '	'LLC" or the abbrevia	ition
Enter new principal offices	address, if applicable:				AIG
(Principal office address MU	ST BE A STREET ADDRESS)	***************************************		_	NSIC SECI
				·	
	•			<u></u>	
Enter new mailing address,	if applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)				
					2 32
	ered agent and/or registered on new registered office address he		ur records, enter	the name of the	new
Togistored agent and/or the	ADW TOLIGIOUS OUT OF HOME COST HO	re.			
Name of New Regis	tered Agent:				_
New Registered Offi	ina Addraec				
New Registered Office Address:		. Ent	er Florida street ad	dress	-
			, Florida		
		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 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

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:

Title Name Address Tyne of Action Add Add Remove		= Manager I = Managing Member		
Add Remove Add Add	<u>Title</u>	<u>Name</u>	Address	Type of Action
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE III SHALL DE DELETED IN ITS ENTIRETY AND REPLACED WITH THE FOLLOWING: The sole purpose for which this limited liability company is organized is: to acquire, own, operate, develop, manage and dispose of certain real property located at (i) 19905 - 19925 Biscayne Blvd, Aventura, Florida, and (ii) 2745 & 2747 NE 193rd Street, Aventura, Florida, and such activities as are in cedental therewith. Dated JANUARY 13 Signature of a member or fluid fixed fepresentative of a member MARIO GROSFELD,				
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	Dated_		The state of the s	
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Filing Fee: \$25.00