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10 OCT 27 PM 12: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIO

J. BRYAN

OCT 2'8 2010

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF COR	PORATION: Miami CFS, I	LLC		
DOCUMENT NU	MBER: <u>L10000062777</u>			
The enclosed Artic	eles of Amendment and fee are sub	mitted for	filing.	
Please return all co	orrespondence concerning this matt	ter to the f	ollowing:	ES 6
	Timoth	y Armst	rong	
	(Name of			10 OCT 27 PM 12: 39 SECRETARY OF STATE FALLAHASSEE. FLORIOF
	Armstron	ıg & Mej	er P.A.	FOR A R
	(Firm	/ Compan	у)	LORIGO DE LORIGO
	2222 Ponce de Leo	n Blvd	Penthouse Suite	**************************************
	(/	Address)		
	Coral Ga	bles, FL	33134	
	(City/ Stat	te and Zip	Code)	
	tarmstrong@a E-mail address: (to be used			tion)
For further information	ation concerning this matter, please	e call:		
Timothy Armstr		at (305 479-7915	
(Nai	me of Contact Person)		(Area Code & Daytim	e Telephone Number)
Enclosed is a check	k for the following amount made p	ayable to	the Florida Department	of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & fied Copy tional copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	ns·

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Miami Cl	FS, LLC		
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now apper Liability Company)	rs on our recor	<u>(ds.</u>)
The Articles of Organization for this Limited Lia	ability Company	were filed on	June 10, 2	2010 and assigned
Florida document number L10000062	777			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company he	<u>re</u> :	
	N/A	A		
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Comp	any," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		700 0 ·
(Principal office address MUST BE A STREE)	(ADDRESS)			- Ech C
				- 第2 <u>「</u>
				SEE O R
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
				5m -
B. If amending the registered agent and/or registered agent and/or the new registered off	***		our records,	enter the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	· · · · · · · · · · · · · · · · · · ·		
·		Enter Florida street address		
		, 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:

MGR = Manager MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> Name MGR Mark J. Baker 2299 Port Blvd. ☐ Add Port of Miami, FL 33132 ✓ Remove ☐ Add Remove Add [Remove Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A

> Typed or printed name of signee Page 2 of 2

Signature of a member or authorized representative of a member Christopher C. Arocha

Filing Fee: \$25.00