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SCOROLLARY OF SLATE
FOR ALLOSSEE FLORIDA

EXAMINER FEB 23 2011

COVER LETTER

то:	Registration S Division of Co						
SUBJE	CT:	220	5 500B LLC				
	Name of Limited Liability Company						
		f Amendment and fee(s) are sul					
	otum un comosp	ondende concerning mis march	to the rene mig.				
Gustavo Gambino							
Name of Person							
Miami Condo Services							
Firm/Company							
785 Crandon Blvd #201 Address							
Address							
	Key Biscayne, FL 33149 City/State and Zip Code						
		gu	sgambino@gmail.com				
For furth	ner information	E-mail address: (concerning this matter, please o	to be used for future annual report notification)				
		stavo Gambino of Person	at (786) 281-5050 Area Code & Daytime Telephone Number				
Enclosed	d is a check for t	the following amount:					
\$25.0	00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	1)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations lox 6327	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

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2205 500B LLC SECHLIARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed on	08/23/2010	and assigned
Florida document numberL1000008	8053		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	re:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		****
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX		
B. If amending the registered agent and/registered agent and/or the new registered o		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	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>Title</u> Name **Address** Type of Action **MGRM** Maria Pereyra 785 Crandon Blvd #201 **✓** Add Remove Key Biscayne, FL 33149 ☐ Add Remove _ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ February 10 /2011 Signature of a member or authorized representative of a member Gustavo Gambino Typed or printed name of signee

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Filing Fee: \$25.00