## L1100000113

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S. WARREN
JUL 1 2 2017

## **COVER LETTER**

FO: Registration S Division of Co							
	REF MIA	AMI THREE, LLC					
SUBJECT:	VBJECT:						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		VANESA PEREZ					
		Name of Person					
	MCKAF	KA DEVELOPMENT GROUP, LI	.C				
	-	Firm/Company					
	20900	NE 30th AVENUE, SUITE 603					
		Address					
		AVENTURA, FL 33180					
		City/State and Zip Code					
		EREZ@MCKAFKA.COM					
	E-mail address: (	to be used for future annual report notif	ication)				
For further information of	concerning this matter, please ca	dl:					
VANESA	PEREZ	305 917-7673					
Name o	of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 ARTICLES OF ORGANIZATION **OF**

REF MI	IAMI THREE, LLC	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C Horida document number $\frac{1.11000004713}{1.000004713}$		1 and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designati	on "LLC" or the abbreviation "L/L/C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or regis egistered agent and/or the new registered office add		records, <u>enter the name of the no</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d 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 Agenf

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edgegallery, I.I.C	20900 NE 30th AVENUE	
		SUITE 603	■ Remove
		AVENTURA, FL 33180	□ Change
MGR	Funds Manager Columbus, LLC	20900 NE 30th AVENUE	<b>⊟</b> Add
		SUITE 603	□ Remove
		AVENTURA, FL 33180	Change
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Filing Fee: \$25.00