L11000009278

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J)	Business Entity Name)
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NOTE: 03/14/11-01048-018 = **25.00; 1

SEASO ARY OF STATE
TALUANASSEE. FLORIDA

Section 2

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Central Park Migui LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Spanacyle
Central Park Migui, LLC Firm/Company
1333 S Miami Ave #306 FR B Address Miami FL 33130
City/State and Zip Code
City/State and Zip Code Michaele Central Parkuianicon E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Sponargle at (305) 989 2875 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$ Certified Copy \\ \text{(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

Central	Park Mia	mi, LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it no orida Limited Liability Co	ow appears on our records.		
The Articles of Organization for this Limited Liab Florida document number 4//000092	lity Company were file		and assigned	
This amendment is submitted to amend the follows	ing:			
A. If amending name, enter the new name of th	e limited liability com	pany here:		
		,		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)		74 20 <u> </u>	
			20	
Enter new mailing address, if applicable:	· ,			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		E M	
		···	33 ÷ O	
	•			
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records, ent	ter the name of the new	
registered agent and/or the new registered office	audicss neic.			
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 **Title Type of Action** Name **Address** Brickell Beach, LC

Brickell Beach, LC MGRM ☐ Add Rémove ☐ Add ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00