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TO: Registration Se Division of Cor				
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SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Leticia B. Cirera			
	7 · · · · · · · · · · · · · · · · · · ·	Name of Person		
MACPACJAC Management, LLC				
		Firm/Company		
	13322 SW 128 Street			
		Address		
	Miami, Florida 33186			
	3dmannual@gmail.com	City/State and Zip Code	2016 J	71
	E-mail address: (to be used for future annual report notification		10.751438 11.2123888
For further information co	oncerning this matter, please co	all:	55万 55万 72	
Leticia B. Cirera		305 238-0600 at (
Name o	f Person		phone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fce	□ \$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)	

COVER LETTER

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**

Drea Group 29, LLC				
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our records ity Company)	(ن	
The Articles of Organization for this Limited I Florida document number L11000018432	Liability Company wer	e filed on <u>02/11/2011</u>	and	assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STRE.	cable:	ompany," the designation "LLC"	or the abbreviation	"L.L.C."
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office	address on our records,		ne of the new
Name of New Registered Agent:	Corporation Compar	ny of Miami	<u> </u>	<u> </u>
New Registered Office Address:	200 S. Biscayne Blv		<u> </u>	, • 0
		Enter Florida street address	OF W	******
	Miami	City , Flor	rida 33131 00	do.

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 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.

CORPORATION COMPANY OF MIAMI

anging Registered Agent <u>Signature of New Registered Agent</u>
Raul J. Sallas Vice President

MGR = N AMBR = A	, Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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E. Effec	tive date, if other than the date of filing:	·	
Note	etive date, if other than the date of filing: (effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days If the date inserted in this block does not meet the applicable statutory filing requirements ment's effective date on the Department of State's records.	after filing.) Pursuant to , this date will not be l	605.020 listed a
	ecord specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the ea	rlier (
(b) Th	e 90th day after the record is filed.		
D-4-	June 1 2016		
Date	Last 1		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00