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COVER LETTER

TO: Registration Se Division of Cor				
4 C F C F D	CELL PROPERTY, LLC.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RICHARD G TOLEDO			·
		Name of Person		
	999 BRICKELL PROPER	TY, LLC.		
		Firm/Company		T T
	999 BRICKELL AVENUL	E PH 1101	•	1 8 5 TO
		Address		5
•	MIAMI, FL 33131			7 3
		City/State and Zip Code	·-	ج 2 ک
	accounting@isanic.com E-mail address: (t	to be used for future annual report notif	ication)	ر
For further information c	oncerning this matter, please ca	all:		
RICHARD G. TOLEDO	,	305 416-0202		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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 State Certified Copy (additional copy is enc	
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	า	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 ed Liability Cor	mpany as it now appears on our records.)	
(A Florida Limit	ted Liability Company)	
iability Compa	any were filed on 02/11/2011	and assigned
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owing:		
<u>f the limited l</u>	iability company here:	
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ords "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
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BOX)		<u></u>
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	ed Liability Confection (A Florida Limit (A Florida Limit iability Company) owing: f the limited I cords "Limited Lable: TADDRESS BOX) or registered fice address I	iability Company as it now appears on our records.) (A Florida Limited Liability Company) iability Company were filed on O2/11/2011 owing: f the limited liability company here: ords "Limited Liability Company." the designation "LLC" or able: NONE NONE NONE NONE NONE Or registered office address on our records, effice address here:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	PAOLA CASTILLO RIBON		999 BRICKELL AVENUE	
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			MIAMI, FL 33131	□ Change
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tive date, if other than the date of fi- ffective date is listed, the date must be specific	and cannot be prior t	o date of filing or	more than 90 day	(optional) is after filing.	Pursuant to 605.
1f the date inserted in this block does no ment's effective date on the Department of		ble statutory fil	ing requiremen	ts, this date	will not be liste
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ecord specifies a delayed effective	ve date, but not	an effective	time, at 12	:01 a.m.	on the earlie
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Typed or printed name of signee

Filing Fee: \$25.00