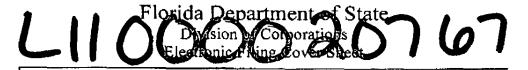
Division of Corporations

Page 1 of 2



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VARGAS, PIEDRA & CO.

Account Number: I20070000148

Phone : (305)671-0003 Fax Number : (305)671-6263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLAMASSEE, FLORING

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P&R REAL PROPERTY LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limi | (A Florida Limi | прилу из it now appears o ted Liability Company) | n our records.) | |
|---|--|---|---------------------------------------|-------------------|
| The Articles of Organization for this Limited I Florida document number L11000020767 | | any were filed on $\frac{2-17-2}{2}$ | 2011 | and assigned |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | f the limited l | iability company here: | : | |
| N/A | is submitted to amend the following: name, enter the new name of the limited liability company here: De distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Ipal offices address, if applicable: N/A District ASTREET ADDRESS) District ASTREET ADDRESS District AS | | | |
| The new name must be distinguishable and contain the | words "Limited L | ability Company," the desig | gaation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applications | able: | N/A | | <u> </u> |
| (Principal office address MUST HE A STREE | T ADDRESS |) | | - Ç |
| | | | | |
| | | | :: | au F |
| Enter new mailing address, if applicable: | | N/A | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | , , , , , , , , , , , , , , , , , , , | (2): <u> </u> |
| | | | <u> </u> | <u> </u> |
| B. If amending the registered agent and registered agent and/or the new registered o | or registered | office address on ou nere: | ur records, <u>enter th</u> | e name of the n |
| Name of New Registered Agent: | N/A | | | ··· |
| New Registered Office Address: | | | | |
| | | Enter Florida | sireet 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 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> | Name | Address | Type of Action |
|--------------|----------------------|---------------------------|------------------|
| MGR | OZAN, CARLOS DANIEL | 9100 S DADELAND BLVD #912 | |
| | | MIAMI, FLORIDA 33156 | ■ Remove |
| | | | Change |
| MGR | GOMEZ, CLAUDIA MARTA | 9100 S DADELAND BLYD #912 | |
| | | MIAMI, FLORIDA 33156 | ■ Remove |
| | | | ☐ Change |
| | | | DAdd |
| | | | □ Remove |
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| | | | Remove |
| | | | ☐ Change |

| r amending any oth | er intormanon, enter chi | ange(s) here: (Attach add | itional sneets, if nece | essary.) |
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| ated | | Cen 1 | | , |
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| | Signature of a me | mber or authorized representati | ve of a member | 5 7 |
| | CARLOS I | DANIEL OZANAMGR | | |
| | T | yped or printed name of signee | | |
| | | | | 93. 6 |
| | | Page 3 of 3 | | 2 |

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