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(Re	questor's Name)	,
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COVER LETTER

* Division of Corp	porations	· · · · · · · · · · · · · · · · · · ·	
SUBJECT: Village Ea	ast 706, LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Jaqui Levy Hara		
	•	Name of Person	
		Firm/Company	
		PinteCompany	
	_20900 NE 30th Ave, S		
		Address	
	Aventura, FL 33180		
		City/State and Zip Code	
	jle	vyhara@mckafka.com to be used for future annual report notif	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please co	all:	
Jaqui Levy Hara Name of	Darcas	at (305) 917-7673	e Telephone Number
ivaine of	reison	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

Village East 706, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now ar Liability Compa	ny)	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
on Florida document number <u>L11000027610</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility compan	<u>y here</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company,"	the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			100
			6 D
Enter new mailing address, if applicable:			5 -
(Mailing address MAY BE A POST OFFICE BOX)			the abbreviation "L.L.C." 6.0 C. S.
			<u> </u>
			00 T
		on our records, <u>en</u>	nter the name of the ne
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 Agents	•		

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_	Nelida Menalled	20900 NE 30TH AVE	Add
		Suite 603	Remove
		Aventura, FL 33180	Change
MGR	Gustavo Scravaglieri	20900 NE 30TH AVE	Add
		Suite 603	Remove
		Aventura, FI. 33180	Change
 			
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Effective date, if other of the lift an effective date is listed Note: If the date insert document's effective defeated.	i, the date must be spec ted in this block does	ific and cannot be p s not meet the ap	prior to date of plicable statu	filing or more th	(option nan 90 days after fi uirements, this c	ling.) Pursuar	nt to 605	,020 ed a
the record specifies) The 90th day afte			not an eff	ective time	, at 12:01 a.	m. on the	earlie	er o
Dated November 30	0th	, 2016	·					
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Filing Fee: \$25.00