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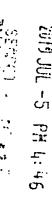
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	Registration Se Division of Co				•
STID HIS		n Doral Palms, LLC			
SUBJEC	.1;	Name of Lin	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Sebastian Valenzuela			
		Alta Developers, LLC	Name of Person		
		2950 SW 27th Avenue, Su	Firm/Company ite 220		
		Miami, FL 33133	Address		<u> </u>
		svalenzuela@altadeveloper	City/State and Zip Code s.com		
p 2 (to be used for future annual r	eport notification)	
		concerning this matter, please c			
Sebastia	in Valenzuela		786 230 at())-1040	
	Name (of Person	Area Code	Daytime Telephone Nu	nher
Englosed	is a check for t	he following amount:			
☑ \$25.0	0 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is encl	Certi osed) Certi	O Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
		JNG ADDRESS:		/COURIER ADDRES	S:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRA ACON DORAL PALMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li Florida document number L11000098379	ability Company	were filed on 08/26/2011		and assig	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
ALTA NEOVITA, LLC					
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation	"LI.C" or the abbrev	iation "L.L.	C."
Enter new principal offices address, if applica	able:	2950 SW 27th Avenue	, Suite 220		
(Principal office address MUST BE A STREET		Miami, FL 33133			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	2950 SW 27th Avenue Miami, FL 33133	Suite 220	19 600 10 10 10 10 10 10 10 10 10 10 10 10 10 1	INC 6163
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	Felipe R Onett	21	cords, <u>enter the</u>	name of	O O
New Registered Office Address:		Enter Florida spreet c	nddress		
	Miami —————	City	_, Florida <u>33133</u>	ip Code	
		City	2.	ір соде	

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, <u>enter the title, name, and address of each person_bein</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	ALTA NEOVITA MANAGER, LLC	2950 SW 27th Avenue, Suite 220, Miami, FL 33133	Add
			□ Remove
			Change
			Add
			_ □ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			A Remove
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Filing Fee: \$25.00