L11000100245

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COVER LETTER

TO: Registration Division of C	Section Corporations					
Midnigh	nt Florida Land, LLC					
Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	Dora Somma					
	· · · · · · · · · · · · · · · · · · ·	Name of Person				
	Midnight Florida Land, Ll	.C				
		Firm/Company				
	Two Alhambra Plaza, Sui	te 1040				
		Address				
	Coral Gables, FL 33134					
		City/State and Zip Code				
	dsomma@afollc.net					
	E-mail address: (to be used for future annual report noti	fication)			
For further information	on concerning this matter, please c	all:				
Dora Somma		786 270-3722				
Nan	ne of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for	or the 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:

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



Midnight Florida Land, 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 Liability Company	were filed on 8/31/2011	and assigned
Florida document number L11000100245		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
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)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	
	Enter Florida stre	
-	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent		,
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my di provided for in Chapte	ities, and I am familiar with and r 605. F.S. Or, if this document is
If Cha	anging Registered Agent, Si	anature 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>	<u>Address</u>	Type of Action
MGR	Eugenio Sanchez	Two Alhambra Plaza, Suite 1040	
		Coral Gables, FL 33134	
			■ Remove
			□ Change
MGR	Jaime R. Elizondo	Two Alhambra Plaza ,Suite 1040	■ Add
•		Coral Gables, FL 33134	Add
			□ Remove
			Change
•			P Change O
			2 円
			Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			
			Remove
			□ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing or document's effective date on the Department of State's records.	
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	(optional) than 90 days after filing.) Pursuant to 605,0207 (3)(equirements, this date will not be listed as the
) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated October 8 2018	
Signature of a member or authorized representative of	

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Typed or printed name of signee

Filing Fee: \$25.00