Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000269299 3)))



H110002692993ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email Address:

TNOV IL AN 7: 2 ECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANTE FASCELL PRESERVATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED

NOVIL AN 4: 23

SECRETARY OF STATE:
AHASSEF, FIRSTO

J. BRYAN

NOV 1 5 2011

EXAMINER

H11000269299

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANTE FASCELL PRESERVATION, LLC
(Name of the Limited Ciability Company as It now appears on our records.)

(A Florida Limited Ciability Company)

ALL ALLOWS ALL TORONS

4.1.	to the printed preparity demperty)	•	
The Articles of Organization for this Limited Liab Florida document numberL110001271	• • •	11-8-2011	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company her	g:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicat	ole;		
(Principal office address MUST BE A STREST			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BU	018		
B. If amending the registered agent and/or registered agent and/or the new registered officered of the new registered agent and/or the new registered agent agent and/or the new registered agent ag		ur records, <u>eater t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	£ nt	er Florida street add	ress
	City	, Fiorldn	Zip Code
	Lity		up vare

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 608, F.S. Or, if this document is being filled 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

Page 1 of 2

H11000269299

If amending the Managers or Managing Members on our records, enter the file, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Annging Momber		
Title	<u>Name</u>	Address	Type of Action
MGRM	RUDG, LLC		Add Remove
<u>MGRM</u>	Dante Fascell Manager, LLC	315 S BISCAYNE BLVD MIAMI_EL 33131	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If namend	ling any other information, cuter change	(8) here: (Attach additional sheets, if necessary.)	SECRETARY SECRETARY SECRETARY
			TARY OF STANSSEE, FLO
Dated	NOVEMBER 11, 201	Herst Hall	FATE OR DA
	ALBI	r authorized representative of a member ERTO MILO JR. printed name of signee	
	-	Page 2 of 2	

Filing Fee: \$25.00

H11000269299