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.

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: (305)416-6811

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

Fax Number

Email	Address:			

FORTHAN OF STATE OF A PRIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 50 BISCAYNE 5308, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIECT'

50 BISCAYNE 5308, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M. Hernandez

at (303)

416-6800

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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, F1. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H140000241983)))

	ne 5308, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number L11000127936	were filed on November 9, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	• • • •
Enter new principal offices address, if applicable:	2014 PAT
(Principal office address MUST BE A STREET ADDRESS)	2
	γ ₂
Enter new mailing address, if applicable:	771 7
(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:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
	and the second
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Regutered Agent, Signature of New Registered Agent
Page 1	of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and hitters added on removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CA Management Group, LLC	1000 Brickell Avenue	Add
		Suite 300	🖸 Remove
		Miami, Florida 33131	
MGR	Alvaro Carlos Caro	1000 Brickell Avenue	🗆 Add
		Suite 300	= Remove
		Miami, Florida 33131	
MGR	Alexandra M. Caro Martini	1000 Brickell Avenue	DbA
		Suite 300	■ Remove
		Miami, Florida 33131	
			Add JAN SSEE FLORIDA Remove
			□ Add □ Remove

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D.	lf am	nending any other information, enter change(s) here: (Attach additional sheets, if negretation)	198 3)})
E.	(The et	ctive date, if other than the date of filing: [Coptional] [Coptional] [Coptional] [Coptional] [Coptional] [Coptional] [Coptional] [Coptional] [Coptional]	
	Date	d January 30 2014	
		Radous	
		Signature of a member or adhorized representative of a member	
		Robert R. Adams, Esq., Authorized Representative	
		Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00

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