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COVER LETTER

Division of Cor			
FENERIFF	TUSCAN LAKE VILLAS 18	019 LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	AIDA K TRUJILLO		
		Name of Person	
	TENERIFE TUSCAN LA	KE VILLAS 18019 LLC	
		Firm/Company	
	7384 NW 56 ST		
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	·
	АКТRUЛLLO@KOBETR.		
	i:-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
TERESITA CAJIGAS		305 553-6566	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
		Second Add	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TENERIFE TUSCAN LAKE VILLAS 18019, 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 $\frac{12/12/2011}{1}$ and assigned Florida document number _____ 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 "L 8333 LAKE DRIVE APT 505 Enter new principal offices address, if applicable: DORAL, FL 33166 (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: -New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent: Thereby 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

Title	<u>Name</u>	Address	Type of Action
MGR.	TRUJILLO, PEDRO J.	7384 NW 56 STREET	□ Add
		MIAML FL 33166	
•			Change Co T Co
MĢRM	TENERIFE INVESTMENTS LLC	7384 NW 56 STREET	Change The
		MIAMI, FL 33166	P O Remove
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Filing Fee: \$25.00