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J. BRYAN NOV -1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 7085WZAV 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:				
Kevin S. Grossfeld PS 3 T				
Arnstein & Lehr LLP				
200 S. Biscagne Blud. #3600 3				
City/State and Zip Code Ksaross teld Rarnstein Com E-mar address: (to be used for Inture annual report notification)				
For further information concerning this matter, please call:				
Mevin S. 61055 Feld at (305) 428-4530 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S25.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{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

7085W2AV.	LLC		
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number		$\frac{1}{5/12}$ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		75 PS	
(Principal office address MUST BE A STREET ADDRI	ESS)	CC OC	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ASSEE, FLOORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida Zip Code	
	Cuy	Zip Coae	

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

MGR = Manager

MGRM = Managing Member <u>Address</u> **Type of Action** Title Name MGRM Federico Mocia

Amalfi Real Estate

MGRM Holdings, LLC ☐ Add 🛛 Remove ☐ Add Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00