

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.  
Account Number : I19990000022  
Phone : (305) 666-0024  
Fax Number : (305) 666-0028

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

Email Address:

usra@jlhpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAN VICENTE CONCEPTS, LLC

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

D. SCOTT

NOV 30 2016

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

San Vicente Concepts 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 April 24, 2012 and assigned  
Florida document number L12000055477

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.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 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, Florida

Zip Code

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 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

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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGRM	Taft Street Partners LLC	420 S. Dixie Highway, Suite 4B	<input type="checkbox"/> Add
		Coral Gables, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	John L. Hofmann	420 S. Dixie Highway, Suite 4B	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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