L1200064327

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COVER LETTER

TO: Registration Se Division of Cor					
River Bre	eeze 405 LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Alex Ortiz, CPA				
		Name of Person			
	Suarez, Ortiz & Veg	a, CPA's, PL		2014 NOV 10 SECRETAR ALE AHASS	
		Firm/Company			32.4. 1.400
	354 Sevilla Ave			SSE IO	green gang
		Address		<u> </u>	[]
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		City/State and Zip Code	·-·· · · · · · · · · · · · · · · · ·	ه ۱۳۱ پيد	
	alex@sovcpas.com				
		to be used for future annual report notific	ation)		
For further information co	oncerning this matter, please c	all:			
Alex Ortiz		305 448-5255		•	
Name of	Person	Area Code Daytime T	Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

River Breeze 405 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 05/14/2012

and assigned Florida document number L12000064327

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: 145 S.W. 27th Road

(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:	Const. Clarida anno a	1
	Enter Florida street ada	iress
		Florida
	City	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alberto M. Santarelli	145 S.W. 27th Road	
		Miami, FL 33129	Remove
MGR	Ximena M. Ruiz-Diaz	201 Crandon Blvd #1031	2014 4 597
		Key Biscayne, FL 33149	BIASSI Remove
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Effective date, if or	er than the date of filing: (optional) specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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the date this document	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
the date this document	filed by the Florida Department of State)
the date this document	filed by the Florida Department of State) 7 20 / 4 Signature of a member or authorized representative of a member
the date this document	filed by the Florida Department of State) 7 20 / 4 Signature of a member or authorized representative of a member
Dated X	filed by the Florida Department of State) 7 20/4 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00