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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|       | Fax Number                              | : (850) 617-6383                                       | ا         |
| From: |   |  |           |
|       | Account Name                            | : ALVAREZ, SUAZO & ASSOCIATES                          | <u>بر</u> |
|       | Account Number                          | : J20130000076   |           |
|       | Phone                                   | : (305)388-7028  | -         |
|       | Fax Number                              | : (305) 479-2705                                       | 50        |
| ,     |   | address for this business entity to be used for future |           |
|       | annual repor                            | t mailings. Enter only one email address please.**     |           |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTIAGO MARTIN, LLC

| Certificate of Status | 0       |
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EFFECTIVE DATE

Electronic Filing Menu

Corporate Filing Menu

S. YOUNG

AUG 0 4 2016

SECRETARY OF STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| \$ANTIAGO  | O MARTIN, LLC   |                         |
|--|---|-------------------------|
| (Name of the Limited Liability Cor<br>(A Florida Limit   | mpany as it now appears on one records.) med Liability Company) |                         |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number <u>L12000094292</u> | any were filed on 07/20/2012                                    | and assigned            |
| This amendment is submitted to amend the following:  |   |                         |
| A. If amending name, enter the new name of the limited !   | iability company here:  |                         |
| N/A  |   | 16 SE                   |
| The new name must be distinguishable and contain the words "Limited L  | iability Company," the designation "LLC" or th                  | le abbreviation "L.C."  |
| Enter new principal offices address, if applicable:  | 5401 COLLINS AVENUE   | 5 55                    |
| (Principal office address MUST BE A STREET ADDRESS   | STE. CU-3   | 3 9 Y                   |
| ix time typic and cas in Col But 1 5/100/1/11/12/1000  | MIAMI BEACH, FL 33140   | = ,,,,,                 |
|  |   |                         |
| Enter new mailing address, if applicable:  | N/A   | 28 JE                   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                         |
| B. If amending the registered agent and/or registered  |   | ter the name of the new |
| registered agent and/or the new registered office address  | <u>here</u> :   |                         |
| Name of New Registered Agent: N/A  |   |                         |
| New Registered Office Address:   | Emer Florida street address                                     |                         |
|  | . Florida   | •                       |
|  | City , Florida  | Zıp 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 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> | Name                | Address                       | Type of Action |
|--------------|---------------------|-------------------------------|----------------|
| MGR          | NELSON J DE LA ROSA | 5401 COLLINS AVENUE STE. CU-3 |                |
|              |                     | MIAMI BEACH, FL 33166         | ■ Remove       |
|              |                     |                               | □ Change       |
| MGR          | NELSON J DE LA ROSA | 5401 COLLINS AVENUE STE. CU-3 | Add            |
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| U 0114 | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l | 505.02           | )7 (3) |
| cume   | ent's effective date on the Department of State's records.   | 18t <b>e</b> a : | is une |
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|        | Signature of a member or authorized representative of a member   |                  |        |