## LIRODOOPAHR

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## **COVER LETTER**

TO: Registration So Division of Con					
SUBJECT: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Name of Limit	ed Liability Company		·	
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	Christophe	Name of Person			
	Difaico &	Firm/Company	UP_		
	+++	Brickell Ace. Address	501te 630		
	man:	City/State and Zip Code		ZAIR JUN SCORET	-
	E-mail address: (to	be used for future annual report noti	fication)		fan: Nes:::
For further information co	oncerning this matter, please ca	•		(1)	
Christophe Name o	L. DIFGICO	at ( <u>305 ) 560 - 0</u> Area Code & Daytin	200 ne Telephone Number	PH 1: 05  OF STATE OFFICIALITY	Apriles.
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fe Certificate of S		

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1200099912</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	777 Brickell Ave AN A
(Principal office address MUST BE A STREET ADDRESS)	Mami FL 33131 00 0
Enter new mailing address, if applicable:	777 Brickell Ave Ex -
(Mailing address MAY BE A POST OFFICE BOX)	Duite (030 == = = = = = = = = = = = = = = = = =
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	co & ternandez, ULP.
New Registered Office Address: 777	Enter Florida street address
	City, Florida 33131 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p	lete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address, I perety confirm that the limited liability

company has been notified in writing of this change.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Difaco & Formandez	777 Brickell Ave, wite	Add Add
		Miami, FL 33131	Remove
MGR	Julianna Castro	1450 Brickell Ave, Stell	
		Mami, FL 33131	Remove
<del></del>			Add
			Remove
			PALLOHASSEE P
			S Add
			Remove
			Add
			Remove

). If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	June C., 2013)
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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