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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

Phone : (305)670-1991

Fax Number

: (305)670-1993

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATHOS MIDTOWN FOUR LLC

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A. LUNT

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Fax: (850) 617-6383

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07/18/2019 11:24 AM

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

OF

ATHOS MIDTOWN FOUR LLC			
(Name of the Limited Liab (A Flori	ility Company as it now ida Lunited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Florida document number L12000114811	Company were filed	on <u>09/07/2012</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the line	mited liability compa	iny here:	
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regressistered agent and/or the new registered office ac	gistered office addre	ess on our records, g	enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street address	平 尼。
	City	, Flori	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 ti 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

From: Paola Sanchez Fax: 17864757424 To: Fax: (850) 617-6383 Page: 4 of 5 07/18/2019 11:24 AM If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	DOMINGUEZ, SILVINA J	9130 S DADELAND BLVD	
MGR			
		SUITE 1509	
			■ Remove
		MIAMI, FL 33156	
			Change
			🗖 Add
			Remove
			□ Change
			Add
			🗆 Remove
			☐ Change
			A de
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			<u>Ş©</u> □ S ada
			□ Remove
			☐ Change
		· 	
			☐ Remove
			[] Change

Typed or printed trante of signee

CUPI, ALEJANDRO J