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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A

Account Number : 120080000090 : (305)670-1991 Phone

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.

Email Address:___

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

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Corporate Filing Menu

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Ta:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

_ 1	. i.:	•	•

Page: 3 of 5

ATHOS MIDTOWN FOUR LLC						
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L12000114811	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 limited liab	pility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	255 Aragon Ave Second Floor					
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Fl 33134					
Enter new mailing address, if applicable:	255 Aragon Ave Second Floor					
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Fl 33134					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registere				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
		rida				
	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.

MGR = Manager

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	authorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□Change
			□Add
			□Remove
			Change
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