

L12000115131

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 27 PM 1:08

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AWALY 8TH AVENUE INVESTMENT, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Hopowitz
Name of Person

AWALY 8TH AVENUE INVESTMENT, LLC
Firm/Company

2891 SW 69 CT
Address

Miami . FL . 33155
City/State and Zip Code

AOLANA@Industrial Realty Partners. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO OLANA at (305) 206-5090
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

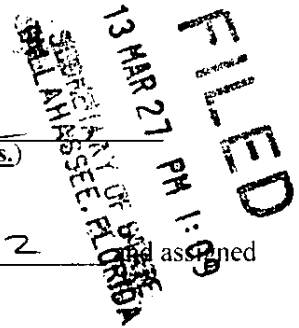
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
13 MAR 27 PM 1:09
TALLAHASSEE, FLORIDA

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

ALVALY 8TH AVENUE INVESTMENT, 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 9/7/2012
Florida document number L12000115131.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALVALY 76 STREET APARTMENT, LLC
The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

8040 NW 155 ST suite 202
Miami Lakes, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8040 NW 155 ST suite 202
Miami Lakes, FL 33016

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:

ALBERTO OCAÑA, MGRM

New Registered Office Address:

8040 NW 155 ST suite 202

Enter Florida street address

Miami Lakes

City

Florida

33016

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 608, 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.

Alberto Ocaña
If Changing Registered Agent, Signature of New Registered Agent

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

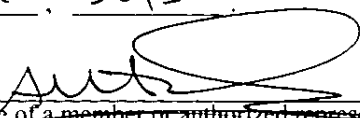
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David Horowitz	2891 SW 69 CT	<input type="checkbox"/> Add
		Miami . fl . 33155	<input checked="" type="checkbox"/> Remove
MGRM	ALBERTO OLANA	8040 NW 155 ST S.202	<input checked="" type="checkbox"/> Add
		Miami Lakes . fl . 33016	<input type="checkbox"/> Remove
MGRM	Vanessa Ocaña	8040 NW 155 ST, S.202	<input checked="" type="checkbox"/> Add
		Miami Lakes . fl . 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 20th, 2013



Signature of a member or authorized representative of a member
ALBERTO O. AÑA

Typed or printed name of signee