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(R	Requestor's Name)	
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(C	City/State/Zip/Phone	#)
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COVER LETTER

NOCE SAT	NTA MARIA HOLDINGS LLO	2	
OBJECT,	Name of Lim	ited Liability Company	
'he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JORGE SALCEDO		
		Name of Person	
	SALCEDO ATTORNEYS	AT LAW, PA	
		Firm/Company	
	200 S BISCAYNE BLVD,	SUITE 2700	
		Address	
	MIAMI, FLORIDA, 33131	I	
	 	City/State and Zip Code	 -
	JSALCEDO@LAWJSH.CC		
	E-mail address: (to be used for future annual report notific	ation)
For further information o	oncerning this matter, please co	all:	
DANIEL CASTRO		at (
Name c	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOCE SANTA M.	ARIA HOLDINGS	LLC	
(Name of the Limited Liability Compar (A Florida Limited L	<u>iy as it now appears</u> iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL12000152883	were filed on	12/06/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
		*	11 12 11 01
The new name must be distinguishable and contain the words "Limited Liabili	ty Company, the des	agnation "LLC" or the a	obtreviation "L.L.C.
Enter new principal offices address, if applicable:			. 9
(Principal office address MUST BE A STREET ADDRESS)			30 V SE
		·	SIOCH SIOCH
			2 PARE
Enter new mailing address, if applicable:	wei -		고 경 유트
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u>5</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter	the name of the no
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la strect address	
		, Florida _	
	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.

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>	<u>Name</u>	Address	Type of Action
MGR	MARCO NOCERA	1643 BRICKELL AVENUE	
		UNIT 4005	Remove
		MIAMI, FL. 33129	☐ Change
MGR	ASSUNTA NOCERA	950 BRICKELL BAY DRIVE	= Add
		UNIT 2307	☐ Remove
	MIAMI, FL, 33131	Change	
			☐ Remove
		Change	
			Remove
			Change
			Add
		□ Remove	
			Change
			□ Add
			☐ Remove
			☐ Change

. 11311110	ending any other information, enter change(s) here: (Attach additional sheets, if necessar)	V.)	
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U.C.C.	ing data if athorethorethy data of filling		
(If an ef Note:	ive date, if other than the date of filing:	.) Pursuant to 605	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlie	er of:
Dated	MAY 15 2018		
	40/)		
	Signature of a member or authorized representative of a member		
	$/' \subset /$		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00