

Division of Corporations

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L17000033148

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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.****

Email Address: _____

RECEIVED

14 JUL 29 PM 4:37

SECRET
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEW PHASE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

SECRET
TALLAHASSEE, FLORIDA

14 JUL 29 AM 8:24

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

NEW PHASE, 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 03/05/2013 and assigned
Florida document number L13000033148.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|------------------------|--|
| MGR | THE RESIDENCES GROUP LTD | PO BOX 452832 | <input type="checkbox"/> Add |
| | | MIAMI FL, 33245 | <input checked="" type="checkbox"/> Remove |
| MGR | CONSTANZA BLOUSSON | 150 OCEAN LANE DR | <input checked="" type="checkbox"/> Add |
| | | UNIT 8C | <input type="checkbox"/> Remove |
| | | KEY BISCAYNE FL, 33149 | |
| | | | <input type="checkbox"/> Add |
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[illegible]

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **JULY 28** 2014

representative of a member

Signature of a member or authorized representative of a member

The Residences Group Ltd

Typed or printed name of signor

14 JUL 23 AM 8:21
S-403705-2011
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