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Account Number : 120050000052

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Phone Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIA DEL CORSO, LLC

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K. SALY

JAN - 3 2017

Dec. 30. 2016 10:50AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 0526	P. 2/4	
2016 DF	FILED	
MLLAUT	C30 AM 9, 28	•
	ARY OF STATE - FLORIDA	

Via de	l Corso, LLC	ASSEE STATE
(Name of the Limited Liability Co. (A Florida Limit	mpany as it new appears on our records.) ted Liability Company)	- SSEE. FLORIDA
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the Organ	any were filed on April 26, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	lability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flotida street address	
	, Florid	
	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

No. 0526 P. 3/4

If Dec. 30. 2016, 10:50AM No. 0526 P. 3/4

If one usual records:

No. 0526 P. 3/4

No. 0526 P. 3/4

No. 0526 P. 3/4

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Gustavo Juan Ramis Caffiro	6205 Blue Lagoon Drive 130	
		Miami, FL 33126	■ Remove
			□ Change
MGR	Jose Luis Santarcieri	6205 Blue Lagoon Drive 130	Add
		Miami, FL 33126	□ Remove
,			☐ Change
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Tective date, if other than the di- in effective date is listed, the date must be the If the date inserted in this block comment's effective date on the Depi	k does not most the applicable	statutory (fling requiremental so	(optional). tays after filing.) Pursuant to ents, thus date will not be	605.0207 (3)(b) listed as the
e record specifies a delayed on the 90th day after the recor	iffective date, but not and is filed.	effective time, at 1	.2:01 a.m. on the es	ırlier óf:
Deccember 28	2016			<i>;</i>
Si	gnature of a member of sultarize	representative of a member	er	•
		1./~		

Page 3 of 3

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