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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : TOSOLINI & LAMURA LLP

Account Number : 120120000009

Phone

(786) 497-1972

Fax Number

: (786)206-7030

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

Email Address: ROCCO. LAMURA BBITALAW. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALERIA WYNWOOD SKY LLC

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J. SAULSBERRY EXAMINER MAY 16 2013

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

VALERIA WYNWOOD SKY 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:

ROCCO LAMURA

Name of Person

TOSOLINI, LAMURA, RASILE & TONIUTTI LLP

Pirm/Company

407 LINCOLN ROAD, SUITE 11C

Addres

MIAMI BEACH, FL 33139

City/State and Zip Code

ROCCO.LAMURA@BLTALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROCCO LAMURA

Name of Person

305,5340420

Area Code & Daytima Telephons Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

☐\$30.00 Filing Fee & Certificate of Status

CS55.00 Filing For & Certified Copy (additional copy is enclosed) Classificate of Status & Certificate of Status & Certified Copy
(additional copy is enclosed)

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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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

VALERIA WYNWOOD SKY LLC	Many at It now		- Manageria V					
(Name of the Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing document number L13000064115				at	rd assigr	ned,		
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited li	lability compa	ny bere:						
The new name must be distinguishable and end with the words "L. L. C."	imited Liability	Company," the	designation "	LLC' or	the abb	revistion		
Enter new principal offices address, if applicable:	and the state of t			- 1944 1944		:-		
(Principal office address MUST BE A STREET ADDRESS)]			.3-				
			 	. 13 (13) - 13 (14) - 13 (14)	Ċ,	} .		
Enter new mailing address, if applicable:	-				₹ -8	-		
(Mailing address MAY RE A POST OFFICE BOX)		,	 	# 1	- 8			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address is	office address Here:	on aur rec	ords, enter	the na	ne of t	he new		
Name of New Registered Agent:						·		
New Registered Office Address:		Enter Flor	ida street ada	tress		,		
	City		_, Florida	Zip ·	Code			
New Registered Asont's Signature, if changing Registered Ass	nt.			-				

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.

If Changing Registered Agent, Sinnature of New Registered Agent

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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

Title MGRM	Name VIORELA CARMEN BALA	Address I 407 LINCOLN ROAD SUITE 11C	ype of Action
		MIAMI BEACH, FL 33139	
			
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		RO	CCO	LAMU	RA				
						Typed or printed	d ne	ame of signee	

Page 3 of 3 Filing Fee: \$25.00

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