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CHRIE			II 2504, LEC		
SUBJE	C1		Name of Limi	ited Liability Company	
The enc	losed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all o	correspond	lence concerning this matter	to the following:	
			INDYARA CATRAMBY	ANDION PIQUET	
				Name of Person	
			PIQUET LAW FIRM PA		
			_	Firm/Company	
			1000 BRICKELL AVENU	DE, SUITE 201	
			•	Address	
			MIAMI, FL 33131		
				City/State and Zip Code	
			JANINI@PIQUETLAWFIF		
			E-mail address: ()	to be used for future annual report noti	fication)
For furt	her infor	nation cor	cerning this matter, please co	all:	
INDYA	RA CAT	RAMBY	ANDION PIQUET	786 558-8054 at ()	
		Name of I	Person	Area Code Daytim	e Telephone Number
Enclose	d is a che	ek for the	following amount:		
≅ \$25	.00 Filing	g 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)
		MAILIN	G ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JADE MIAMI 2504, 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 May 24, 2013 _ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 , Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANA LUCIA SILVA DIAS	1000 BRICKELL AVENUE	■ Add
		STE 201, MIAMI, FL 33131	☐ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00