To: Florida Department of State

3057180687 From: Assistant Assistant

11/16/2017

Division of Corporations

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:

: EPGD ATTORNEYS AT LAW, P.A. Account Name

Account Number: I20140000049 Phone

: (786)837-6787

Fax Number

: (305)718~0687

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAPLE WALK INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

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Registration Section
Division of Corporations

TO:

2017-11-16 15.45 51 (GMT)

COVER LETTER

SUBJECT:	MAPLE WALK I	NVESTMENTS, LLC	
30 DJ EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	1	MARCELO SCHAMY	
		Name of Person	
		Firm/Company	<u></u>
	4770	BISCAYNE BLVD #128	30
		Address	
		MIAMI, FL 33137	
		City/State and Zip Code	
		mschamy@gmail.com	
	E-mail address: (to be used for future annual repo	ort notification)
For further information of	oncerning this matter, please co	all:	
MARCE	ELO SCHAMY	305	450-6000
Name of Person		at (305) Area Code	Daytime Telephone Number
	•		
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
2 3 23.00 Filming Fee	Certificate of Status	Certified Copy (additional copy is enclose	Certificate of Status &

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 AMENUMENT TO ARTICLES OF ORGANIZATION OF

MAPLE WALK IN				
(Naroe of the Limited Liability Comp (A Florida Limited	any as it now appears Linbility Company)	on our records.)		

The Articles of Organization for this Limited Liability Company	y were filed on	5/29/13	and assigne	d
Florida document numberL13000077888				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>ге</u> :		
			the distance of LC	.—
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the de	signation "LLC or the al	oorevision LLC.	
Enter new principal offices address, if applicable:	4770 BISCA	NE BLVD #1280		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33	137	<u> </u>	
(77mepuroffee,			- 2	
m	4770 BISCA	YNE BLVD #1280	15. 10.	Ш
Enter new mailing address, if applicable:	MIAMI, FL 33			70
(Mailing address MAY BE A POST OFFICE BOX)	MIMMI, I L 33	1101		
	<u> </u>		\$\frac{1}{2} \tau \frac{1}{2} \tau \frac	 -
	affine address an	our records enter	-	the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	e <u>re</u> :	our records, enter		
Name of New Registered Agent: SCHAMY	, MARCELO			
New Registered Office Address: 4770 BIS	CAYNE BLVD_#1	1280		
NEW INCHIDENCE VITTO COMPANY.	Enter Flor	rida street address		
MA	ML	, Florida _	33137	
	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 addres: 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

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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>	Name	Address	Type of Action
MGR	BARAKAT, BRIAN	2701 PONCE DE LEON BLVD	🗖 Add
		STE 202 CORAL GABLES, FL 33134	🗃 Remove
		5. ¹	Change
MGR	SCHAMY, MARCELO	4770 BISCAYNE BLVD #1280	53 Add
		MIAMI, FL 33137	Remove
		31	Change
			Remove
			Change
			Add
			C Remove
			Change
			DAdd
			Remove
		·	Change
			D Add
			Remove
			[] Change

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r ff act i va	data if other the	m the date of fi	ilino		1	(optional)	
Note: If	date, if other that we date is listed, the date the date inserted in t's effective date on	this block does n	or meet the appl	icable statutory t	or many than 90 day iling requirement	s after filing) Pursi s, this date will n	iant to 605.0207 tot be listed as
he recor The 90	rd specifies a de Oth day after th	layed effectiv e record is filo	re date, but r ed.	iot an effectiv	re time, at 12	:01 a.m. on t	ne earlier o
Dated	NOVEMBER	AMINAL	2017 M	<u>, </u>			
		Segnature o	of a member or au	thorized represent	tive of a member		

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Filing Fee: \$25.00