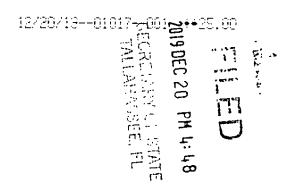


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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
LUCAMAF	R 3708, LLC			
SUBJECT:	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:		
	CAROLYN KAHL			
		Name of Person		
	ROCA GONZALEZ P.A.			
		Firm/Company		
	3370 MARY STREET			
		Address		
	MIAMI, FL 33133			
		City/State and Zip Code		
	CKAHL@RGPA.COM E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca			
CAROLYN KAHL		305 859-6050 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing 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)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCAMAR 3708, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit		and assigned
lorida document number L13000092934		
his amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the l	imited liability company here:	
		SE 2015
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L.C."
Enter new principal offices address, if applicable:		25 55 Lann
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	2
		FATE 48
Inter new mailing address, if applicable:		<u> </u>
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or registe gent and/or the new registered office address her		ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner 1 torten sireet data ess	
	, Florida	Zip Code
	Cav	ziji Cone

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 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>	<u>Name</u>	<u>Address</u>	Type of Action
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		MIAMI, FL 33133	■Remove
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