## 13000097493

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SECRETARY OF STATE
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JUL 1 6 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	TRAMEZZO Name of Limit	FL LLC	
	Name of Limit	ed Liability Company	
	mendment and fee(s) are sub	-	FILED SECRETARY OF STATE AND A SECRETARY OF ST
	BERNAR	Name of Person	- Frank
		Name of Person	ALL
	THE GRAN	D & ASSOCIATES REALT Firm/Company	J INC
	1717 NOR	TH BAYSHORE DRIVE SO Address	117E-102
	MIAMI	FLORIDA 33/3	2
	1 . ~	City/State and Zip Code	
	E-mail address: (to	FLORIDA 33/3 City/State and Zip Code ies develorment group. o be used for future annual report notification	Com
For further information con	cerning this matter, please ca	all:	
BERNARD Name of F	SIEGEL Person	at (305) 533-7 Area Code & Daytime Te	1/8-0 lephone Number
Enclosed is a check for the	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 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAMEZZO FL LLC  (Name of the Limited Liability Company as it now appears on our records)	
(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 <u>Fuly 9 2013</u>	nd assigned
Florida document number <u>L13000097493</u> .	25
This amendment is submitted to amend the following:	<b>3</b>
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" ("L.L.C."	or the abbreviation
Enter new principal offices address, if applicable:	<del></del> .
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
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 naregistered agent and/or the new registered office address here:	ame of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Zi <sub>j</sub>	o 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 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, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	FERRARI, IGOR	1717 NORTH BAYSHORE DRIVE SULTE /UZ MIAMI, FLORIDA 33	Add Remove
MGRH	FERRARO, IGOR	1717 NORTH BAYSHARE DR SUITE 102 MIAMI FLORIDA 331	
		TA STATE OF THE ST	Add Remove
		AHA\$St.E. FLO	Remove  Remove  Remove  Remove
<del></del>	<u>.</u>		Add Remove
			Add

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated	July 10, 2013.
	ord in
	Signature of a member or authorized representative of a member
	BERNARD SIEGEL
	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA