L1300110018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
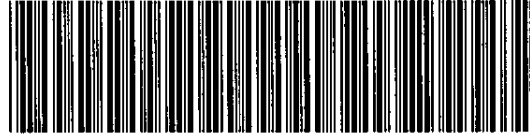
(Business Entity Name)

(Document Number)

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2015 MAY -5 PM 3: 30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 08 2015
J. BRUCE

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: __3181 AND 3179, 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:

__JOHN S. BOHATCH, ESQ.__
                Name of Person

__GUTTENMACHER, BOHATCH & PENARANDA, P.A.__
                Firm/Company

__7301 SW 57th Court, Suite 560__
                Address

__South Miami, FL 33143__
                City/State and Zip Code

__jbohatch@gbptaxlaw.com__
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__JOHN S. BOHATCH, ESQ.__ _____ at (__305__) __666-1040__ _____
        Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed)   Certified Copy
                                                                                (additional copy is enclosed)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

3181 and 3179, 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 08/05/2013 and assigned
Florida document number L13000110018 .

This amendment is submitted to amend the following:

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" or the abbreviation "L.L.C."

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 _____
City   *Zip Code*

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
2014 MAY -5 PM 3:30

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peral, Eloy	3710 Riviera Drive	☐ Add
		Coral Gables, FL 33134	■ Remove
MGR	Peral, Elia	3710 Riviera Drive	☐ Add
		Coral Gables, FL 33134	■ Remove
MGR	Peral Holdings, LLC	3710 Riviera Drive	■ Add
		Coral Gables, FL 33134	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
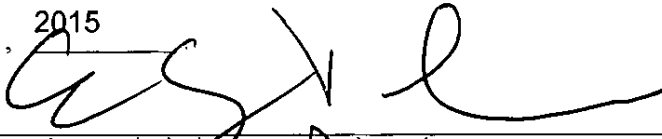
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____April 14_____ , 2015

_____
Signature of a member or authorized representative of a member

ELI TERAL

_____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00