

L13000112626

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MARKO & MAGOLNICK, P.A.
Account Number : T20050000186
Phone : (305) 285-2000
Fax Number : (305) 285-5555

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEGACY TRIPLE A HOUSE, LLC

Certificate of Status	0
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S. YOUNG

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEGACY TRIPLE A HOUSE, 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 08/09/2013 and assigned
Florida document number L13000112628

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:

M&M RA Services, LLC

New Registered Office Address:

3001 SW 3rd Avenue

Enter Florida street address

Miami

Florida 33129

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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	El Legado, Inc.	PO Box 146	<input type="checkbox"/> Add
		Road Town	<input checked="" type="checkbox"/> Remove
		Tortola, VG	
MGR	Andres Botero	973 NE 193 Terrace	<input checked="" type="checkbox"/> Add
		Miami, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The company shall be manager managed unless otherwise, and except as,
stated in the Operating Agreement of the company dated November 24, 2014
or any subsequent amendments thereto.

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

December 12, 2014

Signature of a member or authorized representative of a member

Guillermo Botero

Typed or printed name of signer

FILED
14 DEC 12 11:12:12
TALLAHASSEE, FL
SECRETARY OF STATE