L13000118418

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COVER LETTER

TO:	Registration Se Division of Cor			
arin t	nom		OLDING, LLC	
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
			Gabrielle A. Pereyra	
			Name of Person	
		AVALO	ON INCORPORATORS LLC	
			Firm/Company	
		999 (Brickell Avenue Suite 600	
			Address	
			Miami, Florida 33130	
			City/State and Zip Code	
		- ·	eyra@vivancoyvivanco.com	
For fu	rther information c	e-mail address: () oncerning this matter, please ca	to be used for future annual report notifiall:	(cation)
	Gabrielle	Pereyra	786 802-2972	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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:

TO:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)					
The Articles of Organization for this Limited I Florida document numberL130001184		were filed on	08/19/2013	and assigned				
his amendment is submitted to amend the fol	llowing:							
. If amending name, enter the new name	of the limited liab	ility company here:						
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the ab	breviation "L.L.C."				
Inter new principal offices address, if applicable:		201 Alhambra Circ	e Suite 600					
Principal office address MUST BE A STRE		Coral Gables, Florida 33134						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		201 Alhambra Circle Suite 600 Coral Gables, Florida 33134						
3. If amending the registered agent and egistered agent and/or the new registered o			records, enter	N .				
Name of New Registered Agent:	AVALON INC	ORPORATORS LLC	4.1 2 <u>2</u>	3 : 1 PR : 1				
New Registered Office Address:	999 Brickell A	venue Suite 600	- 3					
		Enter Florida si Miami	, Florida	33130				
		City		Zip Code				

New Registered Agent's Signature, if changing Registered Agent:

CT HOLDING LLC

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.

Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
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			Change
			☐ Remove
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Filing Fee: \$25.00