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Division of Corporations

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: (850)617-6383

From:

Account Name : ARTURO YERO P.A.

Account Number : I20150000125 Phone : (305)444-0884

Fax Number : (305)444-0786

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

Email Address: arturo yerola ayerolaw. com

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April 8, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

UNO DUE TRE DESIGN, L.L.C 782 NW 42ND AVE

SUITE 350

MIAMI, FL 33126

SUBJECT: UNO DUE TRE DESIGN, L.L.C.

REF: L13000130022

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Stacey M Warren Regulatory Specialist II FAX Aud. #: B16000085042 Letter Number: 516A00007208

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P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

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TO: Registration Se Division of Co				A CHARLES AND A STATE OF THE ST
	TRE DESIGN, L.L.C.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:	oranie de la composition de la composit	That is no process to reconstruction of the control
	<u> </u>			_
		Name of Person		-
	ARTURO YERO, P.A.			- P
	<u> </u>	Firm/Company		15 A
	782 NW 42ND AVE SUII	TE 350		2 1
		Address		– ယ ဣ
	MIAMI FL 33126		•	AM 10: 02
	**************************************	City/State and Zip Code		
	ARTUROYERO@AYERO			~
	E-mail address: (to be used for future annual	report notification)	
For further information of	concerning this matter, please ca	all:		
ARTURO YERO, ESQ		305 44-	4 0884	
Name	f Person	Area Code	Daytime Telephone Numb	e _X
Enclosed is a check for t	he following amount:	•		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy		Filing Fee, cate of Status &

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

(additional copy is enclosed)

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Certified Copy

(additional copy is enclosed)

UNIO DETERMINE DESIGNATION A LA O

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H16000087 8883

(Name of the Limited Liability Compar	IV as it now appears on our recor	rds.)
(Name of the Limited Liability Compa (A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/09/2015	and assigned
Florida document number L13000130022		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SOUTH BEACH HOME GIFT SHOP, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		3 A A A A A A A A A A A A A A A A A A A
		등 관곡
		R TAR
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		R To
	<u> </u>	0. 0.
		02 DA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our recor	ds, enter the name of the ne
Legistered agent and/or the new registered office and ess hero	<u>s</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	ress
	, J	Florida
	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

Page 1 of 3

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H1600008 6883

FAX No. 305 819 0057-

P. 006

H amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H 160000 878883

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
·			□ Change
			□ Add
			Remove 16 PChange PARY PAdd PAdd PA
			AM DECEMBER OF STAFF
			□ Add
	•		□ Remove
			Change
			DAdd
			□ Remove
			Change
			□ Add
			☐ Remove
			Change

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D: If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H1600	00085042 3
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E. Effec	tive date, if other than the date of filing: 04/05/2016 (optional)	NC 07007 (9)(1)
Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	ited as the
docui	ment's effective date on the Department of State's records.	
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	lier of:
(b) The	e 90th day after the record is filed.	
	Amil 6 2016	
Dated	April 5 , 2016 .	•
	The state of the s	
	Mgnature of a manber or authorized representative of a member	
	Arturo Yero, Esq.	•
	Typed or pointed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	