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COVER LETTER

Division of Corp	uantem Rea	Altors LLC		
	' Name of Limite	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	CAr	las GAZITAA Name of Person		
		Firm/Company		
	12388	SW 130 ST		
		Address	=1	20 S
		City/State and Zip Code 9Azitua Cyaha be used for future annual report notificati)> 	# 1 L 2013 OCT 29 SECRETARN
e e	00 1	City/State and Zip Code		T 29
-4.~	E-mail address: (to	be used for future annual report notificati	on) iii	
For further information co	oncerning this matter, please ca		 	PH 12:
Cacla	Cazitin	35 \ 733-337	22 25	3 80
Name of	Person	at (3%) 733-337 Area Code & Daytime Te	lephone Number	-
Enclosed is a check for th	e 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 St Certified Copy (additional copy	atus &

э.

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

() uartur	Kealton	5 LLC			
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears o</mark> Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Company Florida document number		130/2013	and :	assigned	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company here:	•			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company,	" the designation "LI	.C" or th	ne abbre	viation
Enter new principal offices address, if applicable:			્લ	2	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	<u></u>	
			15 (1) 11 (1)	001	1
				29	74 73-4 EP
Enter new mailing address, if applicable:			ريان.	-0	1
(Mailing address MAY BE A POST OFFICE BOX)				1/2	<u> </u>
•,				ယ္ထ	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		records, enter th	ie name	e of the	<u>e new</u>
Name of New Registered Agent:					
New Registered Office Address:					
5 V	Enter	Florida street addr	ess		
·		, Florida			
	City		Zip C	ode	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRI! = Managing Member <u>Title</u> **Name** Address **Type of Action** Carlos L. GAZHUA 8520 SW 85 ST X Add MGRM MIAMI FL 33/43 Remove Add Remove 8 Remove Remove Remove

· —	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ted	Oct 27, 2013
-,/	Signature of a member or authorized representative of a member
	Carla Cazitua

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