## LB0040a03

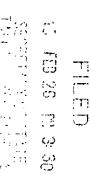
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MAR 10 2015 S. YOUNG

## **COVER LETTER**

Division of Corpor				
SUBJECT: MOYA	Mati Pl Name of Lim	ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Morgan Morga PO B Miam	Name of Person  Wath PULC Firm/Company  OX 2483(a)  Address  FL 33/24  City/State and Zip Code		FILED 78 30
-	MOG E-mail address (1	an. Nati a gmall obe used for future annual report notifi		
For further information conc	erning this matter, please ca	all:		
Name of Pe	Vati	at (814) 243 2 Area Code Daytime	8359 Telephone Number	
Enclosed is a check for the f	ollowing 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 Certificate of Certified Co (additional cop	of Status & opy

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**

Morgan Nati PL  (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company villorida document number <u>L13000140703</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and end with the words "Limited Liabi	lity 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)	50 Biscayne Blvd Suite 500 Miami FL 33132
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	50 Biscayne Blvd Suite 502 Miami FL 33132
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:	Morgan Nati 50 Bis Cayne Blvd, Svite 502 Enter Florida Street address
New Registered Agent's Signature, if changing Registered Agent:	Mi , Florida 3313) Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
	<del></del>		
			Remove
			हुन् ह
			□ Xdd □ Remove □
			Rémove 1
			□ Remove
			Add
		<del></del>	☐ Remove
			□ Add
	•		☐ Remove

D. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Change address of manager (Morgan Nati)
,	<b>†</b> ;
	50 Biscayne Blvd
	Suite SOà
	Miami PL 33132
(The eff	tive date, if other than the date of filing:
(The eff the da	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The eff the da	Sective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after to this document is filed by the Florida Department of State)  February 23 2015  Mayare Mayare
(The eff the da	February 23 . 2015 .  Signature of a member of authorized representative of a member
(The eff the da	Sective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after to this document is filed by the Florida Department of State)  February 23 2015  Mayare Mayare

Page 3 of 3

Filing Fee: \$25.00