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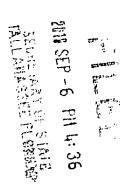
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M. MILLIGAN EXAMINER

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUD IT	32 NW 14			
SUBJE	CCT:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MARCO DE LA CAL, ES	QUIRE	
			Name of Person	<del></del> ,
		MARCO DE LA CAL, P.	Α.	
			Firm/Company	
		999 Ponce De Leon Boule	vard, Suite 735	
			Address	
		Coral Gables, Florida 3313	34	
			City/State and Zip Code	
		MARCO@DELACALPA.	COM to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	·	Callony
Marco	de la Cal		305 44-3800 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>=</b> \$25	5.00 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:

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**

	10	
ARTICI	LES OF ORGANIZATION	
•	OF	Sign On the same
	<b>-</b>	
32 NW 14 AVE, LLC		
·	ability Company as it now appears on our	records)
(A F)	ability Company as it now appears on our orida Limited Liability Company)	records.)
	10/20/2015	\$ # . * 10°
The Articles of Organization for this Limited Liabili	ty Company were filed on 10/29/2013	and assigned
Florida document number L13000152430		<b>3</b>
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company hara	
A. If amending hame, enter the new hame of the	minited habitity company nere.	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	•	
• • • • • • • • • • • • • • • • • • • •		
(Principal office address MUST BE A STREET A)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	a	
Induing dualess MAT BEATOST OF THE BOA	<u></u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or r		ecords, enter the name of the new
registered agent and/or the new registered office	address nere:	
Name of New Registered Agent:		
N D 1 1000 111		
New Registered Office Address:	Enter Florida stree	t address
	Line Horida Siree	
_		, Florida
	City	Zip Code
No Daristand A 41 - 61	4	

#### 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 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
MGR	Antonio Alonso	8111 SW 119th Court	
		Miami, Florida 33183	<b>■</b> Remove
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	tive date is listed, the o	this block does	not meet the appli	icable statutory filing	re than 90 days after t requirements, this	filing.) Pursuant to 605.02 date will not be listed
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