L13000/65050

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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2014 JAN 21 PH 3: 1 SECHETARY OF STATE TALLAHASSTE, FLORID

COVER LETTER

| TO: Registration Section Division of Corpo | | | |
|--|--|---|--|
| SUBJECT: Jade S | Signature 3302 | LLC | |
| Septen | Name of Limited L | iability Company | |
| | | | |
| The enclosed Articles of An | nendment and fee(s) are submitte | d for filing. | |
| Please return all corresponde | ence concerning this matter to the | e following: | |
| | Leonardo Heio | Iner | |
| | | Name of Person | |
| | Law Office of L | _eonardo Heidn | ier |
| | | Firm/Company | |
| | 500 Fifth Ave. | Suite 1610 | |
| | | Address | |
| | New York, NY | 10110 | |
| | | ty/State and Zip Code | |
| | leo@heidnerlaw.con E-mail address: (to be | [] used for future annual report notifical | tion) |
| For further information cond | cerning this matter, please call: | | |
| Chris Curtis | | 212 302 980 | 67 |
| Name of Po | erson | | elephone Number |
| | | | |
| Enclosed is a check for the | - | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | 3 \$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

FILED 2014 JAN 21 PM 3: 11 SLGRETARY OF STATE TALLAHASSEE, FLORIDA

Jade Signature 3302, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Comp | any were filed on 11/25/ | 2013 | _ and assigned |
|---|--|--|-------------------------------------|
| Florida document number L13000165050 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| Marea 505 LLC | | | |
| The new name must be distinguishable and end with the words "Limited | Liability Company," the design | ation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | 105 101 1 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered | | records, enter th | e name of the new |
| registered agent and/or the new registered office address | nere: | | |
| Name of New Designand Assets | | | |
| Name of New Registered Agent: | | <u></u> | |
| New Registered Office Address: | Enter Florida str | | |
| | | | |
| | City | , Florida | Zin Code |
| New Designation of Agents of the project and Agents | • | | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | lete performance of my d as provided for in Chapt | uties, and I am fan er 605, F.S. Or, if | niliar with and this document is |
| <u>-</u> - | ····· | | |

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** ☐ Add ☐ Remove __□ Add ___ Remove _□ Add ☐ Remove □ Add Remove □ Add ☐ Remove □ Add _____ □ Remove

, If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

|). If amending any other information, enter change(s) here: (Attach additional sheets, | if necessary.) |
|--|------------------------------------|
| | |
| | |
| | |
| | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 the date this document is filed by the Florida Department of State) | (optional) 0 days after |
| Dated January 13 2014 | |
| 9th R. m Kelling | 28 |
| Signature of a member or authorized representative of a member Dillon Dean and Kim Thompson (Directors of the | sole MGRN |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

SECHETARY OF STATE