# Aug. 4. 2014 12:12PN 0001718 N 637 4

# Florida Department of State

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### BISCAYNE BAY LLC

Certificate of Status	0	]	
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**BISCAYNE BAY LLC** 

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co.	mpany as it now appears on our records.) ted Liability Company)	<del></del> _
The Articles of Organization for this Limited Liability Compter L13000171804		Sand asserted
This amendment is submitted to amend the following:	,	ANN -
A. If amending name, enter the new name of the limited l	lability company here:	OF ST
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or th	e abbreyinion "E.J.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Plorida	
	<b>C</b> ity	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

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 AMBR = Authorized Member Type of Action <u>Title</u> <u>Address</u> Name 848 BRICKELL KEY DR APT 4406 **MGRM** FERNANDO FIUZA L DE SOUZA MIAMI, FL 33131 Remove MGRM VF SQUARED LLC 600 BRICKELL AVE #1615 ■ Add MIAMI, FL 33131 □ Remove □ Add — Kemove \_□ Add ☐ Remove DbA 🗆 \_□ Remove

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 90 days after the date this document is filed by the Florida Department of State)  Dated AUGUST THE TRANSPORT OF THE PROPERTY OF THE PROPERT	. It amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)		
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Dated August 4th, 2014.	(The effective date must be specific, cannot be	e prior to date of receipt or filed date and cannot be more than 90 days after
	Dated August 4	th , 2014.
Signature of a thember or authorized representative of a member	- Siv	and the special of a purpositive of a member
Typed or printed name of signee	BW	nowake

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