## L13000178165

| (Re                     | equestor's Name)   |             |  |  |
|-------------------------|--------------------|-------------|--|--|
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| (Ad                     | ldress)            |             |  |  |
| (Cit                    | ty/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                     | isiness Entity Nai | me)         |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | _ Certificate:     | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
|                         |                    |             |  |  |
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N. Company of the State.

## **COVER LETTER**

| TOt          | Registration Se<br>Division of Cor   |  |   | g Mor  |
|--------------|--|--|---|--|
| 4018.11      |  | PARTNERS. LLC                                |   |  |
| 31 (15.11)   |  | Name of Lim                                  | ited Liability Company  |  |
| The en       | closed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please       | return all correspo  | ndence concerning this matter                | to the following:   |  |
|              |  | GIUSEPPE SCOCCA                              |   |  |
|              |  |  | Name of Person  | <u>-</u>   |
|              |  | SCOCCA & PARTNERS,                           | LLC   |  |
|              |  |  | Firm/Company  |  |
|              |  |  | Address   |  |
|              |  | Miami Beach, Florida,                        |   |  |
|              |  | •  | City/State and Zip Code   |  |
|              |  |  |   | (cation)   |
| toj fin      | that uther Hallon c  |  |   | ŕ  |
| r Hijbrij    | դիս <u>ը</u> ն ռուսե   |  | 305 549 43 03   |  |
|              | Name o   | f Person                                     | Area Code Daytime   | Telephone Number   |
| Enclos       | City/State and Zip Code  giuseppe.scocca@studioscocca.us  E-mail address: (to be used for future annual report notification)  Distribution concerning this matter, please call:  305 549 43 03  at ( ) |  |   |  |
| <b>9</b> \$2 | 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 110, Hox 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

2015 DEC 30 PM 1: 41

HARY OF STATE TALLAHASSEE, FLORIDA

| " UCCA & PARTNERS, LLC |                        |                                   |             |
|------------------------|------------------------|-----------------------------------|-------------|
| (Name of the Lie       | mited Liability Compan | y as it now appears on our record | <u>5.</u> ) |

| •   | A Florida Limited L  | Liability Company)                            |                     |                     |
|---|----------------------|---|---------------------|---------------------|
| The Attlebes of Organization for this Limited List<br>Florida document number <u>L13000178165</u> |                      | were filed on 12/30/2013                      |                     | and assigned        |
| This amendment is submitted to amend the follo  | wing:                |   |                     |                     |
| A. If amending name, enter the new name of  | the limited liab     | ility company here:                           |                     |                     |
| The new name must be distinguishable and contain the wo   | ords "Limited Liabil | lity Company," the designation "L             | LC" or the abb      | reviation "L.L.C."  |
| limin non principal offices address, if applica   | ıble:                | 1255 Pennsylvania Ave                         | Unit 301            |                     |
| (Principal office address MUST BE A STREET  | T ADDRESS)           | MiamiBeach, 33139, Flo                        | orida               |                     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I                | BOX)                 | 1255 Pennsylvania Ave<br>Miami Beach, 33139   |                     |                     |
| B. If amending the registered agent and/or revisitered agent and/or the new registered of         |                      | <u>e</u> :                                    | rds, <u>enter (</u> | the name of the new |
| Name of New Registered Agent:   | 1055 D               | 1 . 4 . 17 . 201                              | <del></del>         |                     |
| New Registered Office Address:  | 1255 Pennsy          | ylavia Ave Unit 301  Enter Florida street add | hann                | <del>.</del>        |
|   | 14: :B 1             | Enter r tortaa street daa                     | 7622                | 22120               |
|   | Miami Beach          | City  | Florida             | 33139<br>Zip Code   |
|   |                      | City  |                     | Lip 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 more the abilignitions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is helly filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability will purp 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:

MTH = Manager AMBR = Authorized Member

| <u>Title</u>          | <u>Name</u>     | Address                        | Type of Action |
|-----------------------|-----------------|--------------------------------|----------------|
| лмвк<br>———           | OIUSEPPE SCOCCA | 1255 Pennsylvania Ave Unit 301 |                |
|                       |                 | Miami Beach , Florida , 33139  | Remove         |
|                       |                 |                                | ☐ Change       |
|                       |                 |                                | □ Add          |
|                       |                 |                                | ☐ Remove       |
|                       |                 |                                | Change         |
|                       |                 |                                | Add            |
|                       |                 |                                | Remove         |
|                       |                 |                                | Change         |
| ************          |                 |                                | Add            |
|                       |                 |                                | ☐ Remove       |
|                       |                 |                                | Change         |
| W1 APPROVED TO SELECT |                 |                                |                |
|                       |                 |                                | Remove         |
|                       |                 |                                | ☐ Change       |
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| 4. b 100. 100.   |                                       |                                | · <del></del>          | ·-···   | 772.5-4<br>  |
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|  |                                       |                                |                        |   |  |
|  |                                       |                                |                        |   |  |
| ective date, if other than the   | late of filing:                       |                                |                        | (options                                      | d)   |
| ective date, if other than the on effective date, is listed, the date must the late inserted in this blo   | be specific and cannot b              | be prior to date applicable st | of filing or more that | nan 90 days after fili<br>juirements, this da | ng.) Pursuant to 605.0207 (i<br>ite will not be listed as th |
| cument's effective date on the De  |                                       |                                |                        | •   |  |
| to the state of  |                                       |                                |                        |   |  |
| Harmid abecifies a delayed he 90th day after the reco  | effective date, b<br>rd is filed.     | ut not an e                    | effective time         | , at 12:01 a.m                                | i. on the earlier of:  |
| ,  |                                       |                                |                        |   |  |
| 15 Decmber<br>fed  | 2015                                  |                                |                        |   |  |
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|  | /                                     |                                | 4                      |   |  |
| · · · · · · · · · · · · · · · · · · ·  | signature of a member of              | -usqfc                         | epresentative of a     | member  |  |

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Filing Fee: \$25.00