## 114000000949

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## COVER LETTER

	ation Section of Corpor					ı
DR SUBJECT:	AM PROP	ERTIES LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed Art	ticles of An	nendment and fee(s) are sub-	mitted for filing.			
Please return all	corresponde	ence concerning this matter	to the following:			
		HUMBERTO QUILEZ				
		Name of Person				
		DRAM PROPERTIES LL	С			
		Firm/Company				
		9951 SW 62 ST				
			Address			
		MIAMI FL 33173			2015 HAY SECSET FAULAHA	<b>-</b>
		City/State and Zip Code				a directions
	-	HUMBERTOQUILEZ@Y/			1388 1388 1388	j I
		E-mail address: (1	to be used for future annual report notifi	cation)		i j
For further inform	mation conc	erning this matter, please ca	all:		AH IO: 2	Paris,
HUMBERTO Q	UILEZ		786 366-2141		3 AHIO: 27 IY OF STATE SEE FLORIDA	
	Name of Pe	rson		Telephone Number		
Enclosed is a che	eck for the f	ollowing amount:				
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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**

(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Li Florida document number L14000000949	ability Company were filed on 01	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company h	ere:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	_
Enter new principal offices address, if applic	able:	Fig. 5
(Principal office address MUST BE A STREE	T ADDRESS)	→ 計 → 11
		ST _
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	2
B. If amending the registered agent and/ registered agent and/or the new registered of	c.	n our records. enter the name of the new
	· ·	
Name of New Registered Agent:	HUMBERTO QUILEZ	
New Registered Office Address:	9951 SW 62 ST	
	Enter Fla	orida street address
	MIAMI	Florida FL 33173

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>	<u>Address</u>	Type of Action
AMBR	DAVID CASTELLON	16404 SW 61 WAY MIAMI FL 33	B Add
			□ Remove
			□ Change
			Add
		<u> </u>	Remove
			□ Change
			Add
			Add HA Prove Remove SEE Constant
			□ Remove
			Change
<del> </del>			Add
			Remove
			Change
			Add
			Remove
			Change

n amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
, —		
	2015 ALL:	
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	interior and the second se	7
	FF A L	THE
	Control of the contro	-
	05/11/2015	
Effective	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020	2.72
Note: If	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	th
documer	nt's effective date on the Department of State's records.	
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	f:
The 9	90th day after the record is filed.	
Dated _	05-11 2015	
	/ Relef	
	Signature of a member of authorized representative of a member	
	HUMBERTO QUILEZ	
	Typed or printed name of signee	

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Filing Fee: \$25.00