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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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J. BRUC-

COVER LETTER

| Division of Corp | porations | |
|-----------------------------|--|--|
| 15501 NE L SUBJECT: | LLC | |
| | Name of Limited Liability Company | - |
| | | |
| The enclosed Articles of A | Amendment and fee(s) are submitted for filing. | |
| Please return all correspon | ndence concerning this matter to the following: | |
| | ANALIA VIRTO | |
| | Name of Person | |
| | 15501 NE LLC | |
| | Firm/Company | |
| | 1000 ISLAND BLVD #804 | |
| | Address | |
| | AVENTURA, FL, 33160 | |
| | City/State and Zip Code | _ |
| | analiavirto@hotmail.com | 201 |
| For further information co | E-mail address: (to be used for future annual report notification) oncerning this matter, please call: | |
| ANALIA VIRTO | 305 909-5037 m | IN 15 F |
| Name of | f Person Area Code Daytime Telephone Nim | |
| Enclosed is a check for th | - | |
| \$25.00 Filing Fee | Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status | Filing Fee, icate of Status & ied Copy onal copy is enclosed) |

MAILING ADDRESS:

Registration Section

TO:

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

| 15501 NE LLC | | | |
|---|---|-------------------|----------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our re- ited Liability Company) | cords.) | |
| The Articles of Organization for this Limited Liability Comp | any were filed on 03/04/2014 | | and assigned |
| florida document number L14000036664 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| The new name must be distinguishable and contain the words "Limited I. | iability Company," the designation " | 'LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | ************************************** | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | rum{ | |
| | | <u> </u> | <u> </u> |
| | | AH AH | |
| Enter new mailing address, if applicable: | | AS | |
| Mailing address MAY BE A POST OFFICE BOX) | | HAC YY | N III |
| | | _नुमा | Т |
| | | 잃 | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | ords, <u>ente</u> | the name of the |
| Name of New Registered Agent: | ··· | | |
| New Registered Office Address: | Enter Florida street a | ddress | |
| | | , Florida | |
| | City | , rioriga _ | 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 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> | Name | Address | Type of Action |
|--------------|--|--|---------------------|
| MGR | SIGRID CORVO | 1000 ISLAND BLVD #804 | Add |
| | | AVENTURA,FL,33160 | □ Remove |
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| an effective date i | if other than the is listed, the date must inserted in this blottive date on the De | t be specific and ock does not m | cannot be prior to neet the applical | o date of filing or ble statutory fil | more than 90 da ing requiremen | (optional iys after filin nts, this dat | g.) Rursuant to | 605.0207 listed as |
| | cifies a delayed y after the reco | | ate, but not | an effective | time, at 12 | 2:01 a.m. | on the ea | arlier of |
| Dated JULY 13 | | , | 2015 | - |) | | | |
| | | | | Mr. | | | | |
| <u> </u> | | Signature of a n | nember or author | ized representați | vo-of a member | , | | _ |

Page 3 of 3

Filing Fee: \$25.00