Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000017663 3)))



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

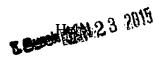
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Electronic Filing Menu

Corporate Filing Menu



FAX AUDIT NUMBER: H150000176633

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on03/07/2014	and assigned
Florida document number L14000038971		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
N6310, LLC		
The new name must be distinguishable and end with the words "Limited Lin	bility Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	220 Alhambra Circle	15 ALI
(Principal office address MUST BE A STREET ADDRESS)	Suite 304	PAR STY
	Coral Gables, FL 33134	S N
		SEE SEE
Enter new mailing address, if applicable:	220 Alhambra Circle	The R
(Mailing address MAY BE A POST OFFICE BOX)	Suite 304	27 f
	Coral Gables, FL 33134	50 ZZ
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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

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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

<u>Title</u>	Name	Address	Type of Action
MGR	Carlos de la Cruz, Sr.	220 Alhambra Circle	Add
		Suite 304	☐ Remove
		Coral Gables, FL 33134	
			
			☐ Remove
			——————————————————————————————————————
			Add
			2 PM
			LORDIA CORDIA
			☐ Remove
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			☐ Remove

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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 90 the date this document is filed by the Florida Department of State)	(optional) days after
Dated January 21 2015	
y la time ym	
Signature of a member or authorized representative of a member	
M. CRISTINA MORENO Typed or printed name of signee	

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIGA