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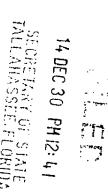
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## COVER LETTER

TO: Registration So Division of Cor		23	
SUBJECT: CAPITA	L OFFICE SUITES, LLC	<b>)</b>	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	BENNETT G. FELD	MAN	
		Name of Person	1.00
	LAW OFFICES BEN	INETT G. FELDMAN	
		Firm/Company	<del> </del>
	2655 LEJEUNE RO	AD SUITE 514	
		Address	
	CORAL GABLES FL	_ 33134	
	DENIES D@DELLOC	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	BENFELD@BELLSC	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all;	
BENNETT G. FEL	DMAN	305 445-9909	
Name o	of Person	at () Area Code Daytimo	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

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

CAPITAL OFFICE SUITES, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited Li	ability Company)	<u>1,0:47</u>		
The Articles of Organization for this Limited Liab Florida document number <u>L14000060235</u>	oility Company v	were filed on 4/14/2014		_ and assig	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and end with the wo	ords "Limited Liabil	ity Company," the designation "I	LC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicat	ole:	15811 COLLINS AVE	NUE #704	1	
(Principal office address MUST BE A STREET	ADDRESS)	SUNNY ISLES FL 33	160		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>ox)</u>	15811 COLLINS AVE SUNNY ISLES FL 33		1	
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here	:	ds, <u>enter th</u>	e name o	of the new
Name of New Registered Agent:	BENNETT G	i. FELDMAN	<u> </u>	0 4	
New Registered Office Address:	2655 LEJEU	NE ROAD SUITE 514			# "\$ <u></u>
	CORAL GAE	Enter Florida street addi BLES	ess Florida 334	30 <b>34 -</b> P	in adam. Emiliario E
		City		Zip Code	B B C
New Registered Agent's Signature, if changing Re	gistered Agent:		OR.		ery f
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the ch	and complete pered agent as progressions of the contract of th	performance of my duties, covided for in Chapter 605	and I am far 5, F.S. Or, if that the limit	niliar with this docur ted liabilit	n and nent is Y

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	ARMANDO ROMERO	10800 BISCAYNE BLVD	
		SUITE 830	■ Remove
		MIAMI FL 33161	
MGR	JOSEPH DUM	15811 COLLINS AVENUE	■ Add
		#704	□ Remove
		SUNNY ISLES FL 33160	
MGR	JAIME DUM	15811 COLLINS AVENUE	■ Add
		#704	□ Remove
		SUNNY ISLES FL 33160	
			🗀 Add
			Remove Remove Remove Remove Remove Remove
			SE Rémove
			□ Add

<del> </del>		
***		
he effective date must be specific, cannot be pr	ior to date of receipt or filed date and cannot	(optional) be more than 90 days after
he effective date must be specific, cannot be pr he date this document is filed by the Florida Do	ior to date of receipt or filed date and cannot	(optional) be more than 90 days after
the effective date must be specific, cannot be prothe date this document is filed by the Florida Docated  DECEMBER 16	ior to date of receipt or filed date and cannot epartment of State)  2014	
but	ior to date of receipt or filed date and cannot epartment of State)  2014  , 2014  ire of a member or authorized representative	

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Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE FLOOR