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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	··· · ··

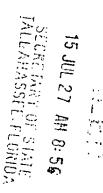
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ÇOVER LETTER *

TO:	Registration Se Division of Cor			
SHRIE	132 ISLE C	OF VENICE, LLC		
30000		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please t	return all correspon	ndence concerning this matter	to the following:	
		DANIEL GUENNI		
		 	Name of Person	<u> </u>
		132 ISLE OF VENICE, LI	LC	•
			Firm/Company	
		132 ISLE OF VENICE DE	RIVE	
			Address	
		FORT LAUDERDALE, F	L 33301	
		•	City/State and Zip Code	
		admin@dgproperties.us		
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
DANII	EL GUENNI		786 233 -7873	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	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
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

132 ISLE OF VENICE, LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears on our recor orida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabili	ty Company were filed on 05/07/2014	and assigned
Florida document number L14000074269	 ·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		5400
B. If amending the registered agent and/or re		ls, enter the name of the new
registered agent and/or the new registered office :	address here:	
	11/0	SOFT N
Name of New Registered Agent:	N/H	
New Registered Office Address:		
	Enter Florida street addre	SS SS SS
	,,,,	lorida
· <u>-</u>	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

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
MGR	GIANCARLO CUFFIA	7715 NW 46TH STREET UNIT 8.	Add
			■ Remove
			□ Change
			☐ Remove
			☐ Change
			Remove
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Charting data if athoughbourths	data of fili-	JULY 22, 21	05	lant	ional)	
ffective date, if other than the an effective date is listed, the date must	be specific and	cannot be prior to	date of filing or m	ore than 90 days after	er filing.) Pursuant	to 605.02
ote: If the date inserted in this blo ocument's effective date on the De	ock does not repartment of S	nect the applicat State's records.	ole statutory filin	g requirements, th	is date will not b	e listed
e record specifies a delayed The 90th day after the reco			an effective t	ime, at 12:01	a.m. on the e	earlier
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ated Jay 12	2	. 2015				
N) _ 	_					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00