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SECRETARY OF STATE

S Warren DEC 09 2016

COVER LETTER

Division of Co	rporations		
MADRUC SUBJECT:	ADA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Walter Favaro		
		Name of Person	
		Firm/Company	
	1680 MICHIE	AN AUF - SUITE	910
	27/75 ((1))	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	Name of Person Firm/Company 11CHIGAN AVE - SCITE GLO Address MIAMI BEACH - FLOCINA City/State and Zip Code ail address: (to be used for future annual report notification) ter, please call: at (
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

TO:

Registration Section

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

MADRUGADA LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 05/13/2014	and assigned
lorida document number _L14000077830	<u>_</u> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		法者 第二十
Principal office address MUST BE A STREET ADDR	VESS)	ASS
	•••	To m
		F ST
nter new mailing address, if applicable:		2: 31
Mailing address MAY BE A POST OFFICE BOX)		>
. If amending the registered agent and/or regist		nter the name of the
egistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

Title	<u>Name</u>	Address	Type of Action
MGR	SARTORI, IVONE	1150 KANE CONCOURSE	
		SECOND FLOOR	■ Remove
		Bay Harbor Islands, Fl 33154	Change
Owner	SARTORI, IVONE	1150 KANE CONCOURSE	
		SECOND FLOOR	■ Remove
	f	Bay Harbor Islands, Fl 33154	Change
MGR	Walter Favaro	1680 MICHIGAN AVE	≅ Add
		SUITE 910	□ Remove
		33139 MIAMI BEACH -FU	<u>01 iJ4</u> □ Change
			Add
			□ Remove
			Change
		7.0, E 2.00 2.00 2.00 2.00 2.00 2.00	Remove
			Change
		F STA:	Remove
			□ Change

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Filing Fee: \$25.00