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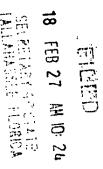
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J. LEGGETT FEB 28 2018

## **COVER LETTER**

| TO:                                     | Registration Se<br>Division of Cor |  |  |  |
|---|------------------------------------|--|--|--|
| CHDI                                    | O 706, LLO<br>JECT:                |  |  |  |
| SUB                                     | JEC1:                              | Name of Lim                                  | ited Liability Company   | <del>.</del>                           |
| The e                                   | nclosed Articles of                | Amendment and fee(s) are sub-                | mitted for filing.   |  |
| Please                                  | e return all correspo              | ndence concerning this matter                | to the following:  |  |
|   |                                    | Liliana Perez                                |  |  |
|   |                                    |  | Name of Person  Finm/Company  Address  3176  City/State and Zip Code  et  iddress: (to be used for future annual report notification)  lease call: |  |
|   |                                    |  | Fima/Company   |  |
|   |                                    | 8741 SW 146 Street                           |  |  |
|   |                                    |  | Address  |  |
|   |                                    | Palmetto Bay, FL 33176                       |  |  |
|   |                                    | drpoms@bellsouth.net                         | City/State and Zip Code  |  |
|   |                                    | · -  | to be used for future annual report noti   | fication)                              |
| For fi                                  | urther information co              | oncerning this matter, please ca             | all:   |  |
| Liliai                                  | na Perez                           |  |  |  |
| *************************************** | Name of                            | f Person                                     |  | e Telephone Number                     |
| Enclo                                   | sed is a check for th              | e following amount:                          |  |  |
| □ \$?                                   | 25.00 Filing Fee                   | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy   | Certificate of Status & Certified Copy |

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 32304

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| O 706, LLC   |  |                              |
|--|--|------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)  | ny as it now appears on our records.<br>Liability Company) | )                            |
| he Articles of Organization for this Limited Liability Company   | were filed on 06/11/2014                                   | and assigned                 |
| lorida document number L14000093410  |  |                              |
| his amendment is submitted to amend the following:   |  |                              |
| If amending name, enter the new name of the limited liab   | ility company here:  |                              |
| he new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC"                       | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:   |  | -1 <del>-1</del>             |
| Principal office address MUST BE A STREET ADDRESS)   |  |                              |
|  | <u> </u>   | ## B II                      |
|  |  | 27<br>28                     |
| nter new mailing address, if applicable:   |  |                              |
| Mailing address MAY BE A POST OFFICE BOX)  |  | 至 5                          |
|  |  | 24<br>5.5                    |
| . If amending the registered agent and/or registered or egistered agent and/or the new registered office address her |  | enter the name of the        |
| Name of New Registered Agent:  |  |                              |
| New Registered Office Address:   | Enter Florida street address                               |                              |
|  | Enier r ioriaa street address                              |                              |
| <u></u>  | , Flor   |                              |
|  | 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>     | Address                         | Type of Action |
|--------------|-----------------|---------------------------------|----------------|
| AMBR         | Alessio Ranni   | 1111 Kane Concourse, # 305, Bay |                |
|              |                 |                                 | ☐ Remove       |
|              |                 |                                 | ☐ Change       |
| MGR          | Andrea Leopardi | 1111 Kane Concourse #305 Bay Hr | Add            |
|              |                 |                                 | ■ Remove       |
|              |                 |                                 | ☐ Change       |
| MGR          | Carmen Fajardo  | 1111 Kane Concourse # 305 Bay H |                |
|              |                 |                                 | ■ Remove       |
|              |                 |                                 | Change         |
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| ffective date, if other than the date of filing:  | 2018 (optional)   |               |
| an effective date is listed, the date must be specific and cannot be p                      | prior to date of filing or more than 90 days after filing.) Pursuant to 60 pplicable statutory filing requirements, this date will not be lis |               |
| ocument's effective date on the Department of State's reco                                  |   | icu as        |
|   |   |               |
| e record specifies a delayed effective date, but<br>The 90th day after the record is filed. | tinot an effective time, at 12:01 a.m. on the earli   | er of         |
| February 26 2018  |   |               |
| ,   | $\overline{I}_{i}$  |               |
|   | authorized representative of a member   |               |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00