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Florida Department of State

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Division of Corporations

Fax Number

: (850)617-6383

From:

: J I HOFMANN & ASSOCIATES, P.A. Account Name

Account Number : 119990000022 : (305)666-0024 Phone Fax Number : (305)666-0028

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FIFTH SOUTH MIAMI BUILDERS, LLC Certificate of Status Certified Copy Page Count 04 \$25.00 Estimated Charge

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11/22/2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fifth South Miami Builders LLC					
(Name of the Limited Liabi (A Florid	lity Company da Limited Lia	y as it now appears of ability Company)	n our records.)	······································	
The Articles of Organization for this Limited Liability (Florida document number L14000100269	Сотрану w 	vere filed on June 2	3, 2014	and assigned	1
This amendment is submitted to amend the following:			•		
A. If amending name, enter the new name of the lin	nited liabili	ity company here:		,	
The new name must be distinguishable and contain the words "Lie	nited Liability	y Company," the desig	nation "LLC" or the	abbreviation "Eff.C."	,
Enter new principal offices address, if applicable:		/			-
(Principal office address MUST BE A STREET ADD.	RESS)	<i></i>	·	135 B	
			·····	<u> </u>	
				STAT	
Enter new mailing address, if applicable:					
(Malling address MAX BE A POST OFFICE BOX)			<u></u>	*	
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B. If amending the registered agent and/or registered agent and/or the new registered office add			or records, enter	the name of th	e new
1-EXMISSION AREA TO STATE AND THE THE A TELESTON OF MALE AND	itess here:				
Name of New Registered Arent:					
New Registered Office Address:					
The regulated Signature	······································	Enter Florida :	street address		
			, Florida		
New Registered Agent's Signature, if changing Registere	A 201141	City		Zip Code	
New Registered Agent's Signature, it changing Registere	en Agent;				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete pe igent as pro ed office at	erformance of my ovided for in Chap	duties, and I am vier 605, F.S. Or	familiar with and if this document	?
	Yr o)	/			
	ii Changi	ng Registered Agent,	Signature of New R	ceistered Agent	

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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>Name</u>	Address	Type of Action
Montepalma USA Ltd.	PO Box 14-3940	
	Coral Gables, FL 33134-3940	□ Remove
		Change
AMBR Vertical Investors LLC	PO Box 14-3940	
	Coral Gables, PL 33134-3940	□ Remove
MGR Jorge E. Casado	PO Box 14-3940	Add
	Coral Gables, FL 33134-3940	Remove
		□ Remove
	·	Change
		D Λdd
	·	☐ Remove
	· · ·	CRETARY OF STATE
	Montepalma USA Ltd. Vertical Investors LLC	Montepalma USA Ltd. PO Box 14-3940 Coral Gables, FL 33134-3940 Vertical Investors LLC PO Box 14-3940 Coral Gables, FL 33134-3940 Jorge E. Casado PO Box 14-3940 Coral Gables, FL 33134-3940

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D. If amen	ding any other inform	ıv v. ation, enter o	change(s) here	a: (Attach additi	onal sheets, if n	ecessary.)	
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•	ovember 17	.01d 13 111cd.	2016				
Dated	-		,	<u>-</u> :			
		Signative of a	member or autho	rized representative	of a member	20	
	Jorge E. Casado						<u> </u>
			Typed or printer	d name of signee		SAR W	IL ED
						1112	111
							-
			Page	3 of 3		P 1: 09 1 OF STATE F. FLORIDA	D

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