Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH

Account Number : 075201001473

Phone : (561)955-7600 Fax Number : (561)338-7099

**Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please. **

| Posil. | Address | |
|--------|---------|---|
| | Augress | • |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WREST 2 TX MONTANA AVENUE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

T BUTE WILL 28, 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WREST 2 TX Montana Avenue, Ll | LC | |
|--|--|--|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co. Florida document number L14000101085 | mpany were filed on 06/24/2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and end with the words "Limi | ted Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | Ž. |
| (Principal office address MUST BE A STREET ADDRE | (22) | |
| | | |
| | | SS 25 |
| Enter new mailing address, if applicable: | | - 「「つ マ :- *** *** *** *** *** *** *** *** *** |
| (Mailing address MAY BE A POST OFFICE BOX) | | (-1/3) |
| · | | |
| | | > ~'' |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre | | nter the name of the new |
| registered agent and of the new registered office addre | as nere. | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florid | la |
| | 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

MGR = Manager

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:

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action **MGR** Edilberto Rodriguez 6401 Congress Avenue Suite 230-240 _ Remove Boca Raton, FL 33487 □ Add ☐ Remove S Add ☐ Remove _ Add □ Remove □ Add

| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State) | _ (optional) 90 days after |
|---|-------------------------------|
| Dated JULY 24 (2014) | |
| Signature of a member of authorized representative of a member | |
| Andres E. Garcia | |

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Filing Fee: \$25.00

SECRETATION OF STATE STALLAHASSEE, FLORIBA