14000/04031

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S. WARREN AUG 3 1 2017

COVER LETTER

	istration Session of Cor			
SUBJECT:		OOD 302, LLC.		
obnen.		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		ALEJANDRO D GRAVII	:R	
			Name of Person	
		HLB GRAVIER LLP		
			Firm/Company	
		396 ALHAMBRA CIRCL	E SUITE 900	
			Address	 _
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	
		PRODRIGUEZ@HLBGRA		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please co	all:	
ALEJANDR	O GRAVIE	R	305 446-3022	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	lling 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

HOLLYWOOD 302 LLC

Nome of the United Circles		
(A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L14000104031</u>	ompany were filed on <u>06/30/</u>	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:	ress here:	
New Registered Office Address:	Enter Florida st	treet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent or browns of all statutes relative to the proper and confidence of all statutes relative to the proper and confidence of the obligations of my position as registered agreeing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my o gent as provided for in Chap d office address. I hereby co	duties, and I am familiar with and ster 605, F.S. Or, if this document is

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
MGR	Energy Capital Management and C	c/o 396 Alhambra Circle Suite 900	
	Dir, Erminans	Coral Gables, FL 33134	□ Remove
			Change
MGR	GF Developers Group LLC	396 Alhambra Circle Suite 900	Add
		Coral Gables, FL 33134	□ Remove
			Change
			Add
			
			Change
			Add
			Remove
			Change
			C Remove
			Change
			AUG31 PH 2: 42

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fective o	date, if other than the date (of filing:	_ (optional)
n effectiv ote: If th	e date is listed, the date must be spe ne date inserted in this block doo	cific and cannot be prior to date of filing or more than 90 da es not meet the applicable statutory filing requireme	ays after filing.) Pursuant to 605,020 nts, this date will not be listed a
	s effective date on the Departme		
		ctive date, but not an effective time, at 12	2:01 a.m. on the earlier o
The 901	th day after the record is	filed.	
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	<u> </u>		16 31 SSS
	Signatt	are of a member or authorized representative of a member	SSE SANA PANA TE
	Alejandro D Gravier		7 P

Page 3 of 3

Filing Fee: \$25.00