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| PICK-UP WAIT MAIL |
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| TO: | Registration Se Division of Cor | | | | | |
|--------------|------------------------------------|---|--|--|--|--|
| 011947 | | ILLAGE AT CORAL REEF, LI | I.C | | | |
| SUBJI | 2C1; | Name of Limi | ted Liability Company | | | |
| The en | closed Articles of | Amendment and fee(s) are subr | nitted for filing. | | | |
| Please | return all correspo | ondence concerning this matter t | Name of Limited Liability Company and fee(s) are submitted for filing. ning this matter to the following: Dominga Rivera Name of Person VILLAGE AT CORAL REEF, LLC Finn/Company 12895 SW 132 Street - Suite 202 Address Miarni, FL 33186 City/State and Zip Code drivera@ahsresidential.com E-mail address: (to be used for future annual report notification) matter, please call: at (| | | |
| | | | Dominga Rivera | | | |
| | | | Name of Person | | | |
| | | VILL | AGE AT CORAL REEF, LLC | | | |
| | | | Finn/Company | 10.1-11.1 | | |
| | | 128 | 95 SW 132 Street - Suite 202 | | | |
| | | | Address | | | |
| | | | Miami, FL 33186 | | | |
| | | | City/State and Zip Code | | | |
| | ~ | | | | | |
| | | E-mail address: (t | o be used for future annual report noti | fication) | | |
| For fur | ther information of | concerning this matter, please ca | ll: | | | |
| Cristi | na Vazquez-Garc | ia | 305 255-5527 | | | |
| | Name | of Person | Area Code Daytim | e Telephone Number | | |
| Enclos | ed is a check for t | the following amount: | | | | |
| ■ \$2 | 5.00 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:

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

| | VILLAGE AT CORAL REEF, LI | .C |
|--|--|---|
| (Name of the Limi | ted Liability Company as it now app (A Florida Limited Liability Compan | ears on our records.) |
| | | |
| This amendment is submitted to amend the foll | a document number L14000113817 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: what name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviatio | |
| Florida document number L14000113817 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC". The new principal offices address, if applicable: **Principal office address MUST BE A STREET ADDRESS** Enter new mailing address, if applicable: **Mailing address MAY BE A POST OFFICE BOX** B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: **Name of New Registered Agent** **Ernesto Lopes** **Ernest | | |
| | | ne designation "LLC" or the abbreviation "LLC." |
| • • • | | الم في الم |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | |
| | | on our records, enter the name of the new |
| Name of New Registered Agent: | Ernesto Lopes | |
| New Registered Office Address: | | <u> </u> |
| | | Floridu street address |
| | Miami City | Florida 33186 Zip Code |
| | City | λip 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.

f 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> | <u>Address</u> | Type of Action |
|--------------|----------------------|---------------------------------|----------------|
| President | Ernesto Lopes | 12895 SW 132 Street - Suite 202 | |
| | | Miami, FL 33186 | Remove |
| | | | □ Change |
| CFO | Carlos E Gonzalez Jr | 12895 SW 132 Street - Suite 202 | □ Add |
| | | Miami, FL 33186 | ■ Remove |
| | | | |
| MGR | AHS Residential LLC | 12895 SW 132 Street - Suite 202 | = Add |
| | | Miami, FL 33186 | □ Remove |
| | | | Change Change |
| | | | |
| | | | Remove |
| | | | Ā. □ Add |
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| Effective date, if other than the date of filing: 10/01/2017 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The 90th day after the record is filed. | | | | · | | | | | _ |
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| Signature of a member or authorized representative of a member | The 90t | h day after the | | . 2017 | -d.// | | | | |
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Page 3 of 3

Filing Fee: \$25.00