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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076
Phone : (305)388-7028
Fax Number : (305)479-2705

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

Enail Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BAY 809 LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PALM BAY 809 LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Florida document number	Liability Company were filed on _	08/18/2014	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>nere</u> :	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
T. (1) Mr. 11 Mr.			<u>ω</u> 222
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE	<u> </u>		
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B. If amending the registered agent and registered agent and/or the new registered		n our records, <u>ente</u>	er the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter Fl.	orida street address	
		, Florida	
	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

. 5.

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

Title	Name	Address	Type of Action
AMBR	GLENDA MARIANELA MEZA BRACHO 30%	780 NE 69 STREET UNIT 809	= Add
		MIAMI, FL 33138	Remove
			Change
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