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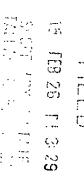
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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MAR 10 2015

S. YOUNG

COVER LETTER

TO:	Registration Sectorial Division of Corp			
SUBJE	ECT:	8610CT,	LLC	
		Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		ANNA	TURKINGTON. Name of Person	
		ALEXANDRI	E BALLERINI P. Firm/Company	A ·
		927 LIN	JCOLN ROAD, SU Address	ITE 200 1 TO TO
		MIRMI BE	ACH FL 33139 City/State and Zip Code	FIG 2 0
			City/State and Zip Code LEX BALLER IN LAW o be used for future annual report notif	J. Com
For fur	ther information co	ncerning this matter, please ca	dt:	
<u></u>	NNA TU Name of	Person	at (305) 507 Area Code Daytime	9699 Telephone Number
Enclos	ed is a check for the	e 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
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

(Name of the Limited Liability Compa (A Florida Limited L	TV 08 It now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000155155	were filed on 10 06 20	and assigned
Florida document number <u>L14000155155</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	-	
Enter new principal offices address, if applicable:	927 LINCOLN ROM MIAMI BEACH,	E BALLERIN
(Principal office address MUST BE A STREET ADDRESS)	927 LINCOLN ROI	<u>40, SUITE 200</u>
	MIAMI BEACH,	FL 33139
Enter new mailing address, if applicable:	C/O:ALEXANDRE	BALLERINI
(Mailing address MAY BE A POST OFFICE BOX)	927 LINCOLN ROA	
	MIAMI BEACH,	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new
	₩.	38 3
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code. 5
New Registered Agent's Signature, if changing Registered Agent:		29 35

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

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:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	ALEXANDRE	927 LINCOLN ROAD, SUITE 2	_O _ Add	
	BALLERINI	MIAMI BEACH, FL 33139	Remove	
MGR	PATRICK HERVE	927 LINCOLN ROAD, SUITEZ	<u>∞</u> Add	
		MIAMI BEACH, FL 33139]□ Remove	
			Remove	
		· · · · · · · · · · · · · · · · · · ·	FILED Add Add Add Add Add Add Add Add Add Ad	
			Remove	
			Add	
			Remove	
			□ Remove	

if amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-t-whitehold	
_	
Effective of	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated	2/24/2015
Dated	
	Signature of a member or authorized representative of a member
	ALEXANDRE BALLERINI, MANAGER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00