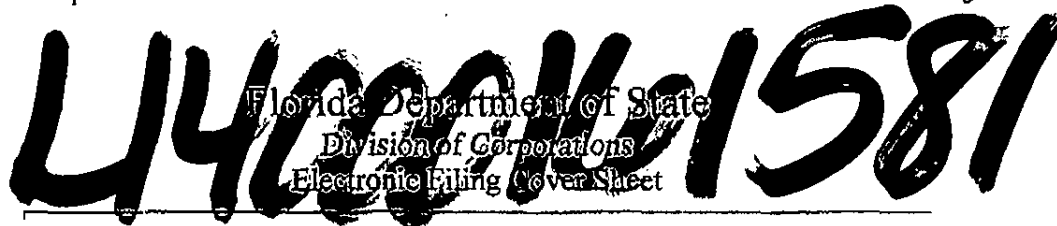


Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000301398 3)))



H160003013983ABC+

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MARCELL FELIPE, P.A.
Account Number : 120110000064
Phone : (305) 381-8500
Fax Number : (305) 381-6225

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

Email Address: nmunoz@marcellfelipe.com

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TALLAHASSEE, FLORIDA

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9301 SW 4 ST 108E LLC

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H16000301398 3

9304 SW 4 ST 108E LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/16/2014 and assigned
Florida document number L14000161581.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DT CONDO PORTFOLIO LLC

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 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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 TALLAHASSEE, FLORIDA

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H16000301398 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H16000301398 3

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דבר

E. Effective date, if other than the date of filing: _____ (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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated DECEMBER 8 2016

Signature of a member or authorized representative of a member

ANGEL DEL TORO

Typed or printed name of signee

12/12/2016 11:57
850-617-8381

3053816225

MARCELL FELIPE ATTOR

PAGE 01/05

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December 12, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

9301 SW 4 ST 108E LLC
5729 NW 7 STREET
MIAMI, FL 33126US

SUBJECT: 9301 SW 4 ST 108E LLC
REF: L14000161581

We have received your document for 9301 SW 4 ST 108E LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NAME UNAVAILABLE, PLEASE ADOPT ALTERNATE NAME.

Please return your document, along with a copy of this letter, within 10 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H16000301398
Letter Number: 916A00026295

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