

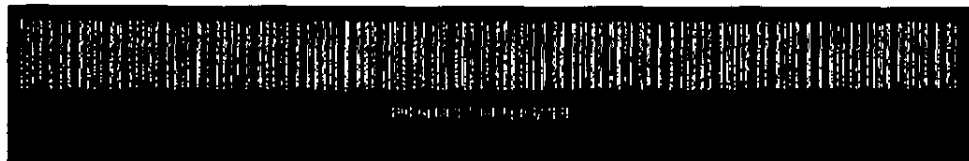
12/23/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000296014 3)))



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

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
 Account Number : I20040000167
 Phone : (305) 377-0809
 Fax Number : (305) 377-0781

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

Email Address: amayor@pbyalaw.com

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DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAS PALMAS HISTORICAL HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

14 DEC 23 AM 8:17

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Las Palmas Historical Holdings, 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 November 13, 2014 and assigned Florida document number L14000175895

This amendment is submitted to amend the following:

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

40 FEET OF AZI, LLC

The new name must be distinguishable and end with 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

City

Florida

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Erick Larsen	1000 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Sulte 610	<input type="checkbox"/> Remove
		Miami, FL 33131	
MGR	Ricardo Bajandas	1000 Brickell Avenue	<input type="checkbox"/> Add
		Sulte 600	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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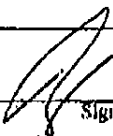
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective 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 document is filed by the Florida Department of State)

Dated December 23, 2014



Signature of a member or authorized representative of a member

Ricardo Bajandas, Authorized Representative

Typed or printed name of signer

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