

L14000188208

Dec 10 2014 10:51am P001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000284835 3)))



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To:

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

From:

Account Name : LISETTE PIE SALAZAR PA
Account Number : 120120000076
Phone : (305)361-6161
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14 DEC 10 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
30 NW 32 ST LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Fax:

FILED
Dec 10 2014 14:41am P002

ARTICLES OF AMENDMENT 2014 DEC 10 AM 7:51
TO
ARTICLES OF ORGANIZATION
OF
(((H14000284835 3)))
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

30 NW 32 ST 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 12/09/2014 and assigned
Florida document number L14000188208

This amendment is submitted to amend the following:

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

31 NW 32 ST 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

Fax:

Dec 10 2014 11:42am P003

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

(((H14000284835 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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Fax:

Dec 10 2014 11:42am P004

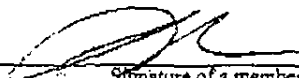
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

((H14000284835 3))

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 10, 2014



Signature of a member or authorized representative of a member

Lisette Pie Salazar, Esq.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 DEC 10 AM 7:51

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