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T. HAMPTON

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	ARTICLI	ES OF AMEND	MENT	
		ТО		TAISE 15
·	ARTICLES	S OF ORGANIZ	ZATION	
		OF		AH
		~		ASR 20
CORAL GABLES F	INANCING SE			CA-C merena
			Dears on our records)	
(<u>1).111(2, 2</u>	(A Florid	ity Company as it now a a Limited Liability Comp	my)	
				FLORIDI and assigned
The Articles of Organization for this I	imited Liability (Company were filed or	JANUART 8, 2015	and assigned
Florida document number L150000	04778			L.
This amendment is submitted to amen	d the following:			
A If amonding name onton the new		ited lighility compare		
A. If amending name, <u>enter the new</u>			<u>ty nere</u> :	
CORAL GABLES REAL ESTA		,		
The new name must be distinguishable and er	nd with the words "Li	imited Liability Company,	" the designation "LLC" or th	c abbreviation "L.L.C."
Enter new principal offices address,	if applicable:			
• •				
(Principal office address MUST BE /	I STREET ADD	<u>(ESS)</u>		
Enter new mailing address, if applic	able:			
(Mailing address MAY BE A POST (
Maning underess may be ar (a)r (MITCH DUN			- <u></u>
		_		
B. If amending the registered ag			s on our records, <u>ente</u>	er the name of the new
registered agent and/or the new reg	stored office add	<u>iress here</u> :		
Name of New Registered Ag	ent:		· ·	
New Registered Office Addr	ess:		r Florida street address	
		Enle	r ryoriaa sireei adaress	
		·····	, Florida	
		City	· · · · · · · · · · · · · · · · · · ·	Zip Code
New Registered Agent's Signature, if c	hanging Registere	ed Agent:		

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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 Chauging Registered Agent, Signature of New Registered Agent

Page 1 of 3

01/20/2015 TUE 16:42 FAX

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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

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FILED 15 JAN 20 AM 11: 35 ; ; SECRETARY OF STATE TALLAHASSEE, FLORIDA

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