L15000013374

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO:	Registration S Division of Co			
SUBJEC	Germico I	37, LLC		
SUBJE	UI:	Name of Lin	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Ali Germi		
			Name of Person	
		Ali Germi, Attorney at La	w	
			Firm/Company	
		10880 N.W. 27th Street, S	uite 200	
			Address	
		Doral, Florida 33172		
		 	City/State and Zip Code	
		algermi@accoterramar.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information of	concerning this matter, please co	nH:	
Ali Gerr	ni		305 591-8380	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
⊠ \$ 25,0	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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Germico 137, 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 Comparing the Florida document number L15000013374	any were filed on Janua	ary 22, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company hero	<u>2</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the des	ignation "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 registered agent and/or the new registered office address h	office address on o nere:	our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	, Florida		
	City	,	Zıp Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a	igree to act in this ca	pacity. I further a	gree to comply with th

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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Charles P. Germi	10880 N.W. 27th Street, Suite 200	
		Doral, Florida 33172	■ Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change
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Tective date, if other than the an effective date is listed, the date of ote: If the date inserted in this occument's effective date on the	s block does not meet ine	applicable statutory (ii	(optional more than 90 days after filing ing requirements, this date) g.) Pursuant to 605.0207 e will not be listed as
e record specifies a delay The 90th day after the r	ed effective date, becord is filed.	ut not an effective	e time, at 12:01 a.m.	on the earlier of
April 26	2019	ı		
ited April 20		(
			3	
<u></u>	Signature of a member	or authorized representati	ve of a member	
Ali A. Germi	/ //-		>	

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Filing Fee: \$25.00