L15000018093

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(Document Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

WAY 19 2015 J. HARRIS

COVER LETTER

10:	Division of Cor			, ,		
SUBJE	MIAMI PO	RTFOLIO GROUP LLC				
SOBOL		Name of Lim	ited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		FRANK DIAZ				
	•		Name of Person			
			Firm/Company			
	1110 BRICKELL AV SUITE 506					
	MIAMI FL, 33131					
			City/State and Zip Code			
		fdiazmanagement@yahoo.c				
		E-mail address: (to be used for future annual report notifi	cation)		
For fur	ther information co	oncerning this matter, please ca	atl:			
FRAN	K DIAZ		786 423-0956 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	e following amount:				
S 2:	5.00 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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on JANUARY 30, 2015 and assigned Florida document number _L15000018093 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

If Changing Registered Agent, Signature of New 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

City

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRANK DIAZ		
		1110 BRICKELL AV SUITE 5061	■ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
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			☐ Add
			Remove
			SECRETAL AHAS
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			SE Change
			□ Remove
			□ Change

D. If amending any other inf	ormation, enter change	e(s) here: (Attach add	tional sheets, if necesso	ry.)	
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E. Effective date, if other that (If an effective date is listed, the d Note: If the date inserted in document's effective date on If the record specifies a de	this block does not meet the Department of State's	ot be prior to date of filing of the applicable statutory file records.	ing requirements, this dat	g.) Pursuant to 605 te will not be liste	ed as the
(b) The 90th day after th	e record is filed.				
Dated MAY 14	, 20	15			
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		Page 3 of 3		3: 08	

Filing Fee: \$25.00