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SECRETARY OF SECRETARY OF SECRETARY OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor			
· CLIP II		1033 21 Street LLC		
Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Steven Rosenthal		
			Name of Person	
		Marx Rosenthal PLLC		
			Firm/Company	
		One SE Third Avenue, Sui	ite 2900	
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33130		
			City/State and Zip Code	
		Steve@marxrosenthal.com		•
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Stever	Rosenthal		786 378-8121 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$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

Blue Onyx 1033 21 Street LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company)	(,	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 3, 2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	One SE Third Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Suite 2900		
	Miami, FL 33131	3S CHECHE	
Enter new mailing address, if applicable:	One SE Third Avenue	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 2900	# # # # # # # # # # # # # # # # # # # #	
	Miami, FL 33131	9. 22 - Fr	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :		
	Enter Florida street address		
	, Flor		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and E.S. Or, if this document is	
If Char	nging Registered Agent, <u>Signature of</u>	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Blue Onyx US Holdings Corp	One SE Third Avenue	
		Suite 2900	Add
			□ Remove
		Miami, FL 33131	■ Change
<u>.</u>			
			Remove
			☐ Change
			Add
			□ Remove
			Change
	<u> </u>		Add
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			Add
			□ Remove
			Change

D. If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if nece	essary.)
<u></u>		
	•	
 		
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· · · · · ·		18 SI
		And
		
		9
E. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	e date of filing:	nal) filing.) Pursuant to 605.0207 (3)(b) date will not be listed as the
of the record specifies a delaye (b) The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.cord is filed.	.m. on the earlier of:
Dated August 30	2019	
 	Signature of a member or authorized representative of a member	
Daniele Nogu e ira de C		
	Typed or printed name of signee	

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Filing Fee: \$25.00