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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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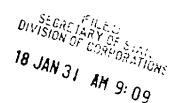
TO: Registration S Division of Co			
	TRIESTE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter		
	ROBERT P. SALTSMAN	ı	
		Name of Person	
	ROBERT P. SALTSMAN	, P.A.	
		Firm/Company	
	P.O. BOX 2146		
	 	Address	
	WINTER PARK, FL 327	90	
	judy@saltsmanpa.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Robert Saltsman		407 647-2899	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
МАЦ	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



8574 VIA TRIESTE, 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 NOV 13, 2015 ____ and assigned Florida document number _____L15000026016 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VIA TRIESTE, LLC 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

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

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

<u>l'itle</u>	Name	Address	Type of Action
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record specifies a delayed of the 90th day after the recor	ffective date, but not an effective time, at 12:01 a. d is filed.	.m. on the earlier of:
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