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15000039268

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THERREL BAISDEN, P.A.
Account Number : I20140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mnasner@therrelbaisden.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
8370 SW LLC

15 MAY -1 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

K. SALLY
EXAMINER
MAY -4 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8370 SW, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK M. HASNER, ESQ.

Name of Person

THERREL BAISDEN, P.A.

Firm/Company

1 SE 3 AVENUE, STE 2950

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

mhasner@therrelbaisden.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark M. Hasner, Esq.

at (305)

371-5758

Name of Person

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 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8370 SW, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 2015 MAY -1 PM 12:32

The Articles of Organization for this Limited Liability Company were filed on 03/03/2015 and assigned Florida document number L15000039268

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:

1717 North Bayshore Drive

(Principal office address MUST BE A STREET ADDRESS)

#3536

Miami, Florida 33132

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:

Mark M. Hasner, Esq.

New Registered Office Address:

One Southeast Third Avenue, Ste 2950

Enter Florida street address

Miami

Florida 33131

City

Zip Code

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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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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> | <u>Type of Action</u> |
|--------------|----------------|----------------------------------|--|
| MGRM | Aldo Alcantara | 1717 North Bayshore Dr. #3536 | <input type="checkbox"/> Add |
| | | Miami, FL 33132 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Mark M. Hasner | One Southeast Third Avenue, 2950 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Aldo Alcantara | 1717 North Bayshore Dr. #3536 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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2015 MAY -1 PM 12:32
TALLAHASSEE, FLORIDA

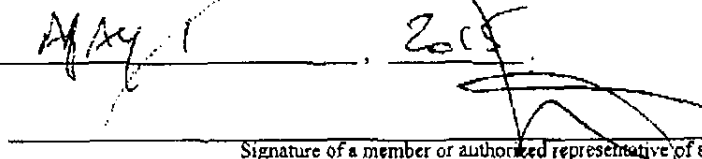
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 1, 2015


Signature of a member or authorized representative of a member

MARK M. HASNER
Typed or printed name of signee

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