## L15000039747

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECREMARY OF STATE

APR 1 4 2015

T. HAMPTON

TO:	Registration Sec Division of Corp			
~*!D.	RRG At	Alcazar, LLC.		
SUBJE	CI:	Name of Lim	ited Liability Company	·····
		Amendment and fee(s) are sub	•	
		Jose Luis Machado,	Esq.	
			Name of Person	
		Law Offices of Mach	ado & Herran, P.A.	
			Firm/Company	
		8500 S.W. 8th Stree	t, Suite 238	
			Address	
		Miami, Florida 3314	4	
		<del></del>	City/State and Zip Code	
		jose@machadolaw.c	OM to be used for future annual report notifi	instina)
For furt	her information co	oncerning this matter, please or	· •	(Manuel)
	Luis Machado	_	305 261-5355	
	Name of		at ( )	Telephone Number
Enclose	d is a check for th	e following amount:		
<b>■</b> \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	<b>新型 R</b> 二
BDC	AT Alcazar, LLC	SSA CO
		months)
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our mited Liability Company)	records.
The Articles of Organization for this Limited Liability Com- Florida document number <u>L15000039747</u>	pany were filed on March 4,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
NAMES OF THE PARTY	···	, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jose L. Figueroa	848 Brickell Key Drive	
		Apt. 3501	Remove
		Miami, Florida 33131	
MGR	Jorge Martin	P.O. Box 331283	□ Add
		Ponce, PR 00733	■ Remove
		March Miles Control of the Control o	<del> </del>
**************************************	<del>.</del>		□ Add
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		Page 2 of 3	3 PH 3: 38 RY OF STATE

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the date this document is filed	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after d by the Florida Department of State)
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TALLAHASSEE, FLORID.