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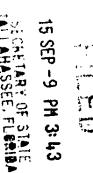
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COVER LETTER

I'O: Registration Sec Division of Corp		•	*
402 BALTU	S, LLC		
JUDJEC1	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	Lissette B. Ortiz, Esq.		
		Name of Person	
	Lissette B. Ortiz, P.A.		
		Firm/Company	
	1430 S. Dixie Hwy, Ste 321		
		Address	
	Coral Gables, FL 33146		
		City/State and Zip Code	
	lawortiz@bellsouth.net E-mail address: (to	o be used for future annual report notifica	ition)
For further information co	oncerning this matter, please ca	·	
Lissette Ortiz		305 665-5270 at ()	
Name of	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

402 BALTUS, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on April 1, 2015 and assigned
Florida document number	
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 contain the words "Limited L	iability 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	2
	≥ % 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	II. 70
	S N N
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.	d office address on our records, enter the name of the n here:
Name of New Registered Agent:	-
New Registered Office Address:	
-	Enter Florida street address
	, 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 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

Title	<u>Name</u>	Address	Type of Action
MGRM	Firenze 10560, LLC	260 Crandon Blvd	≅ Add
		#32 - PMB 102	
		Key Biscayne, FL 33149	☐ Change
AMBR	Francisco Arocha	330 NW 29 Street	□ Add
		Miami, FL 33127	■ Remove
		1	Change
AMBR Daniela	Daniela Lainville	260 Crandon Blvd	
		Suite 32- PMB	≅ Remove
		Key Biscayne, FL 33149	De hange
			SSSE PR
			F S □ Remove
			☐ Change
			Add
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ffective date, if other than the dat	e of filing:				(option	al)		
an effective date is listed, the date must be	specific and c	annot be prior	to date of filing	or more than 9	0 days after fil	ling.) Purs	uant to	605.0207
Note: If the date inserted in this block ocument's effective date on the Depart	tment of Sta	ite's records.	tote statutory	ming require	ments, tills t	ate will t	101 00 1	nateu as
e record specifies a delayed ef The 90th day after the record		ite, but no	t an effecti	ve time, at	: 12:01 a.ı	m. on t	he ea	rlier of
Dated September 3		2015						
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee