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ALLAHASSEE, FLORINA.

D. BRUCE MAR 22 2017

## **COVER LETTER**

	stration Section ion of Corporations	
SUBJECT:	CENSIG GABLES HOLDINGS LLC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
	ll correspondence concerning this matter to the following:	
	Alex T. Zakharia	
	Name of Person	
	Southeastern Investment Group Corporation	
	Firm/Company	
	245 Harbor Drive	
	Address	<del></del>
	Key Biscayne, FL 33149	
	City/State and Zip Code	<del>w </del>
	alex_zakharia@bellsouth.net  E-mail address: (to be used for future annual report)	natification)
Tau Canthau la C	,	<u>-</u>
	ormation concerning this matter, please call:	2017 NAR SECRETA ALLAHAS
Alex T. Zakha	at ()	AR 2
	Name of Person Area Code Day	rtime Telephone Number 1970
Enclosed is a c	heck for the following amount:	ORIO Q
\$25.00 Fili	ing Fee Solution Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
$\checkmark$	MAILING ADDRESS: STREET/COU Registration Section Registration Se Division of Corporations Division of Cor P.O. Box 6327 Clifton Buildin	rporations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENSIG GABLES HOLDINGS L	LC						
( <u>Name of the Limi</u> t	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>				
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned				
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name o	f the limited liab	ility company here:					
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if applic	able:	325 Catalonia Avenue					
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, FL 33134					
Enter new mailing address, if applicable:		245 Harbor Drive					
(Mailing address MAY BE A POST OFFICE BOX)		Key Biscayne, FL 33149					
B. If amending the registered agent and/ registered agent and/or the new registered of			the reame of the ne				
Name of New Registered Agent:	Southeastern In	nvestment Group Corporation	See 20				
New Registered Office Address:	325 Catalonia	Avenue	U P				

## 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.

City

Coral Gables

f Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
MGRM	CEN DEVELOPMENT LLC	5901 SW 74th Street	
		Suite 408	■ Remove
		South Miami, FL 33143	☐ Change
MGeM	Southeastern Investment anough Ourporation	Onal Gables, PC 3313	2■ Add
	(expenation)	and Gables, PC 3313	☐ Remove
			Change
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ffective date	, if other th	ıan the date o	of filing:		<u></u>	(optio	onal)		•
Note: If the da	ate inserted in	n this block does on the Department	es not meet the	applicable sta	tutory filing r	than 90 days after equirements, this	date will	not be l	isted as
e record sp The 90th o	ecifies a d day after t	lelayed effect he record is	tive date, b filed.	ut not an e	ffective tin	ne, at 12:01 a	ı.m. on	the ea	rlier of
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		Signati	re of a member	or authorized re	presentative of	a member			
		Signate							

Page 3 of 3

Filing Fee: \$25.00