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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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J. HARRIS

COVER LETTER

	Registration Sec Division of Corp		•	
CLID IE	POINCIAN.			
SUBJEC	CT:		ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		LEONARDO LEPIANE		
			Name of Person	
		LDL CONSULTANTS LI	LC .	
			Firm/Company	<u> </u>
		555 NE 34 ST APT 1107		
			Address	
		MIAMI, FL 33137		
			City/State and Zip Code	
		LLEPIANE@GMAIL.COM		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please co	all:	
LEONA	RDO LEPIANE		305 301-7180	
	Name of	Person	at ()	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25,0	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

POINCIANA 2 LLC (Name of the Limited Liability Comps	any as it now annears on our records.)	 -
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 06/30/2015 Ilorida document number L15000112975		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	41 SE 5 ST, SUITE 901	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131	
Enter new mailing address, if applicable:	41 SE 5 ST, SUITE 901	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131	<u> </u>
		Ş™ 5
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		4.444
	Enter Florida street address	
	, Flori	da Zip Code
	City	Zip Coae

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FELIPE MENA	1385 CORAL WAY APT 202	
		MIAMI, FL 33145	■ Remove
			☐ Change
AMBR	MEN IN BEST LLC	455 GRAND BAY DR APT 202	🗖 Add
		KEY BISCAYNE, FL 33149	■ Remove
			□ Change
AMBR	CATALINA VIAL	41 SE 5 ST, SUITE 901	□ Add
		MIAMI, FL 33131	☐ Remove
			Change
AMBR	ANA MARIA KREBS	41 SE 5 ST, SUITE 901	⊒ Add
		MIAMI, FL 33131	Remove
			□ Change
			Add 15 Jane File Remarks File OND Add 55 Remove
			□ Change

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Effective date if other than the	date of filing:		(ontional)
Effective date, if other than the fan effective date is listed, the date must	t be specific and cannot be prior to	o date of filing or more than 90 d	lays after filing.) Pursuant to 605.02
Note: If the date inserted in this blo document's effective date on the De		ble statutory filing requireme	ents, this date will not be listed
ne record specifies a delayed		an effective time, at 1	2:01 a.m. on the earlier
The 90th day after the reco	ord is filed.		
JULY 10TH	2015		
Dated JULY 10TH	1		≦ंं ज
	lakali n		<u> </u>
	17/1 UVW		
	Signature of a member or author	rized representative of a member	r Zii ta
CATALINA VIAL	Signature of a member or author	rized representative of a member	13 PM

Page 3 of 3

Filing Fee: \$25.00