

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L15000141249**

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Email Address: bob@liucondevelopment.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CENQUARTER, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

SEP 06 2017  
J HARRIS  
Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GENQUARTER, LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 18, 2015 and assigned  
Florida document number L15000141249

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1411 SIENA AVENUE

CORAL GABLES, FL 33146

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1411 SIENA AVENUE

CORAL GABLES, FL 33146

**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:

BOB LIU

New Registered Office Address:

1411 SIENA AVENUE

Enter Florida street address

CORAL GABLES

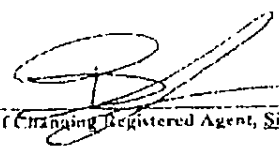
Florida 33146

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	Name	Address	Type of Action
MGR/AM	LiuCon Development, Series LLC	1411 SIENA AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Miami Quarter, LLC	801 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 1610	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Change
MGRM	CEN Development, LLC	5901 SW 74 STREET, SUITE 408	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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) this date will not be listed as the filing date.

**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.

(b) The 90th day after the record is filed.

Dated August 31, 2017

Signature of a member of \_\_\_\_\_

Signature of a member or authorized representative of a member

Bob Liu, Authorized Representative

Typed or printed name of signer

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**Filing Fee: \$25.00**

FILED  
2317 SEP -5 AM 9:09  
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