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COVER LETTER

TO: Registration : Division of C		4 •	
La Grulla SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Josefina M Matienzo		
		Name of Person	- <u> </u>
	Florida Management Propo	erty LLC	
		Firm/Company	
	19300 W Dixie hwy #4		<i>:</i>
		Address	· · · · · · · · · · · · · · · · · · ·
	North Miami, Fl 33180		
		City/State and Zip Code	
	miguel@nbgrealty.com	16.6	
For further information	concerning this matter, please co	to be used for future annual report notifall:	ication)
Miguel Lulinski		305 935-7004 at ()	
Name	of Person	Area Code Daytimo	Telephone Number
Enclosed is a check for	the 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

La Grulla, LLC	
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L15000149080	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	
Name of New Registered Agent:	5 S
New Registered Office Address:	
	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	red 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>	<u>Address</u>	Type of Action
MGR	Josefina Matienzo	19300 W Dixie hwy #4 -	Add
		North Miami, Fl 33180	■ Remove
			Change
MGR	Maria Luisa Matienzo	19300 W Dixie hwy #4	= Add
		North Miami, Fl 33180	Remove
			Change
			☐ Add
			Remove
		-	□ Change
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			□ Remove
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			☐ Change

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September 8th		2015				
ed		-, <u>'</u>	_/			
	Signature of	a member or autho	rized representative of	of a member		

Page 3 of 3

Filing Fee: \$25.00