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(Cit	ty/State/Zip/Phone	e #)
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SEGRETARY OF STATE

SEP 2 9 2015 S. YOUNG

COVER LETTER

	gistration Sect vision of Corp			7,6 vg	
SUBJECT:	Homestead C	Chamber Centre, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspon	dence concerning this matter	to the following:		
		Mauricio Castro-Wright			
			Name of Person		•
			Firm/Company		로움 5
		325 S. Biscayne Blvd., Apr			第 五
		Miami, Florida 33131	Address		SEP 28 PM
		mauriciocastrow@yahoo.co	City/State and Zip Code		D PN 3-35 PN 3-35
			to be used for future annual report notif	ication)	77
For further i	nformation cor	ncerning this matter, please ca	all:		
Mauricio Ca	astro-Wright		786 266-3971 at ()		
	Name of I	Person	Area Code Daytime	: Telephone Number	•
Enclosed is	a check for the	following amount:			
\$25,001	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

MAILING ADDRESS:

<u>ت</u>

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

MCW

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homestead Chamber Centre, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	•)
he Articles of Organization for this Limited Liability Compa	ny were filed on September 2nd, 20	and assigned
lorida document number L15000150771	•	<u>-</u>
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
upiter Oceanside; LLC		
ne new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1080 E. Indiantown Road	
rincipal office address MUST BE A STREET ADDRESS)	Jupiter, Florida 33477	
		55 5
nter new mailing address, if applicable:	11522 SW 100th Avenue	AM SA T
failing address MAY BE A POST OFFICE BOX)	Miami, Florida 33176	2000年
. If amending the registered agent and/or registered	office address on our records,	enter the name of the
egistered agent and/or the new registered office address h	<u>ere</u> :	5 O
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 **Type of Action** Title **Address** Name □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □.Add Life Remove 28 Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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ective date, if other than the effective date is listed, the date must	date of filing: _	not be prior to d	ate of filing or more	than 90 days after fi	ial) line.) Pursuant to 605.02
e: If the date inserted in this bloument's effective date on the De	ock does not meet	the applicable			
record specifies a delayed he 90th day after the reco		e, but not a	n effective tim	e, at 12:01 a.	m. on the earlier
September 22nd,	2	015	,		
1 .		111			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00