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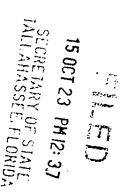
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COVER LETTER

TO:

TO:		ation Sect of Corpo				
SUBJI	ect.	AMCD	REALTY, LLC			
SUBJI	EC1		Name of Limi	ited Liability Company		
The en	closed An	icles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all	correspond	lence concerning this matter	to the following:		
			Louis A. Sousa, Esq.			
				Name of Person	<u> </u>	
			Lisa & Sousa, Ltd.			
				Firm/Company	-	······
			5 Benefit Street			
				Address		
			Providence, RI 02904			
				City/State and Zip C	Code	
			n/a			
For fu	rther infori	mation con	E-mail address: (incerning this matter, please or	to be used for future an	inual report notific	cation)
Diane	R. Protan	o		401 at (274-0600	
		Name of I	Person	Area Code	Daytime	Telephone Number
Enclos	sed is a che	ck for the	following amount:			
\$2	25.00 Filin _i	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	Reg Divi Cliff 266	REET/COURIE istration Section ision of Corporat ton Building 1 Executive Cent ahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 October 7, 2015 and October 7, 2015	
The Articles of Organization for this Limited Liability Company were filed on October 7, 2015 and	
	nd assigned
Florida document number <u>L15000170356</u> .	
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 abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the n	ame of the ne
registered agent and/or the new registered office address here:	
None of None Devision of Assess	
Name of New Registered Agent:	
New Registered Office Address:	<u>!</u>
Enter Florida street address	15 EC
, Florida	F 0
City S	Code \\ \tag{2000}
New Registered Agent's Signature, if changing Registered Agent:	C CO
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, while being filed to merely reflect a change in the registered office address, I hereby confirm that the limited to company has been notified in writing of this change.	comply with the ar with and desiment is

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
MGR	Carlos Ribeiro	2660 South Ocean Boulevard	Add
		Unit #706S	□ Remove
		Palm Beach, FL 33480	☐ Change
MGR	Diane Cavallo	2660 South Ocean Boulevard	■ Add
		Unit #706S	□ Remove
		Palm Beach, FL 33480	Add Change Add Remove Change Add Change Change Change
MGR	Michael Cavallo	2660 South Ocean Boulevard	
		Unit #706S	□ Remove
		Palm Beach, FL 33480	
MGR	Tanya DaCosta	2660 South Ocean Boulevard	
		Unit #706S	15 O
		Palm Beach, FL 33480	TAR ASS
MGR	Christopher DaCosta	2660 South Ocean Boulevard	OF SEASON
		Unit #706S	□ Remove
MGR		Palm Beach, FL 33480	☐ Change
	Lindsey DiPietro	2660 South Ocean Boulevard	☐ Change
		Unit #706S	□ Remove
		Palm Beach, FL 33480	
			in Change

(continued)

TITLE	<u>NAME</u>	ADDRESS	<u>ACTION</u>
MGR	Alexander DiPietro	2660 South Ocean Boulevard Unit #706S Palm Beach, FL 33480	Add

15 OCT 23 PM 12: 37
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ective date, if other than	n the date of filing: te must be specific and cannot be	main to date of filling o	(option	al)
<u>te:</u> If the date inserted in th	his block does not meet the a the Department of State's rec	pplicable statutory fi	ling requirements, this d	ate will not be listed
				ΪS
record specifies a del he 90th day after the	ayed effective date, bu e record is filed.	it not an effectiv	e time, at 12:01 a.r	
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ed October 23	2015	•		
				PH 12:13: OF SINI E. FLORI
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		r authorized represental		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00