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## **COVER LETTER**

|                    | gistration Se<br>vision of Cor |  |   |   |
|--------------------|--------------------------------|--|---|---|
| SUBJECT:           |                                | PROPERTY GROUP, LLC                          |   |   |
| JUDJECT.           |                                | Name of Lim                                  | ited Liability Company  |   |
| The enclosed       | d Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return      | all correspo                   | ndence concerning this matter                | to the following:   |   |
|                    |                                | Maria Camila Murata                          |   |   |
|                    |                                |  | Name of Person  |   |
|                    |                                |  | Firm/Company  |   |
| Name of Person     |                                |  |   |   |
|                    |                                |  | Address   |   |
|                    |                                | Boca Raton, FL 33434                         |   |   |
|                    |                                |  | City/State and Zip Code   |   |
|                    |                                |  |   |   |
|                    |                                | E-mail address: (                            | to be used for future annual report notifi                                | ication)  |
| For further in     | nformation c                   | oncerning this matter, please co             | ałl:  |   |
| Maria Cami         | la Murata                      |  | at ( )  |   |
|                    | Name o                         | f Person                                     | Area Code Daytime   | Telephone Number  |
| Enclosed is a      | a check for th                 | ne following amount:                         |   |   |
| <b>■</b> \$25.00 F | filing Fee                     | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(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

| LUXURY PROPERTY GROUP, LLC                                     |  |                   |   |
|--|--|-------------------|---|
| ( <u>Name of the Limited Liab</u><br>(A Flori                  | ility Company as it now appears on our records.) Ida Limited Liability Company)  |                   |   |
| The Articles of Organization for this Limited Liability        | Company were filed on 11/02/2015   | and assig         | gned  |
| Florida document number L15000185766                           | <del></del> -  |                   |   |
| l'his amendment is submitted to amend the following:           |  |                   |   |
| A. If amending name, enter the new name of the li              | mited liability company here:  |                   |   |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" or the ab   | obreviation "L.L. | <u></u>   |
| Enter new principal offices address, if applicable:            |  | <b>60</b>         | ASTOP<br>ASTOP  |
| (Principal office address MUST BE A STREET ADL                 | DRESS)   | <b>2</b> 7        | ##<br><del>역기</del> 기   |
|  | <del></del>  | <u> </u>          | 22.<br>22.<br>20.<br>20.<br>20.   |
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| Enter new mailing address, if applicable:                      |  | <u>بي</u><br>ت    | - <u>A</u> A  |
| (Mailing address MAY BE A POST OFFICE BOX)                     |  |                   | · <u>Z</u>  |
|  |  |                   |   |
| B. If amending the registered agent and/or reg                 | sistered office address on our records, enter  | the name of       | f the ne  |
| registered agent and/or the new registered office ad           |  |                   | <u></u>   |
|  |  |                   |   |
| Name of New Registered Agent:                                  |  |                   |   |
| New Registered Office Address:                                 | Francisco de la constante de l |                   |   |
|  | Enter Florida street address   |                   |   |
|  | , Florida, Florida   | Zip Code          | <u> </u>  |
|  | •  |                   |   |

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address              | Type of Action |
|--------------|-------------|----------------------|----------------|
| MGR          | Jared Dalto | 8430 Nadmar Ave      | ■ Add          |
|              | •           | Boca Raton, FL 33434 | Remove         |
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|  | 5/10/2018  |   |                  |       |
|  | nust be specific and cannot be prior to date of block does not meet the applicable sta | (optional) of filing or more than 90 days after filing.) Pursua itutory filing requirements, this date will not |                  |       |
| he record specifies a dela<br>The 90th day after the i |  | ffective time, at 12:01 a.m. on the   | earlier          | r of: |
| Dated May, 10  | 2018   |   |                  |       |
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Typed or printed name of signee

Filing Fee: \$25.00