L15000197345

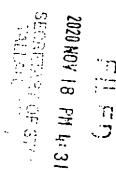
| (Ře | equestor's Name) | |
|--|--------------------|-----------|
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies Certificates of State | | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Div | ision of Corp | porations | | |
|----------------|-----------------|--|---|--|
| SUBJECT: | TATEL MI | AMI LLC | | |
| SOBJECT. | | Name of Limi | ted Liability Company | |
| The enclosed | d Articles of a | Amendment and fee(s) are subt | nitted for filing. | |
| Please return | all correspo | ndence concerning this matter (| to the following: | |
| | | JUAN ALONSO | | |
| | | | Name of Person | |
| | | ALONSO & DIAZ PLLC | | |
| | | | Firm/Company | |
| | | 55 MERRICK WAY, STE | 401 | |
| | | | Address | |
| | | CORAL GABELS, FL 331 | 134 | |
| | | IALONGO ØAD TAV | City/State and Zip Code | |
| | | JALONSO@AD.TAX E-mail address: () | to be used for future annual report no | otification) |
| For further i | nformation c | oncerning this matter, please ca | | |
| TOMAS AI | LONSO | | 305 590-7046 at () | |
| | Name o | f Person | | me Telephone Number |
| Enclosed is | a check for th | ne 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:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Jability Company) | |
|--|--|---------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000197345</u> . | were filed on 11/23/2015 | _ and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | رن. سر | 20: |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbre | viati "L.L.C." |
| Inter new principal offices address, if applicable: | | Q 11 |
| Principal office address MUST BE A STREET ADDRESS) | · | φ |
| nter new mailing address, if applicable: | 55 MERRICK WAY, STE 401 | ± <u></u> |
| Mailing address MAY BE A POST OFFICE BOX) | CORAL GABLES, FL 33134 | |
| . If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name o | of the new registe |
| Name of New Registered Agent: | · | |
| New Registered Office Address: | Enter Florida street address | |
| | F1 | |
| | , Florida | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

TATEL MIAMI LLC

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> | Address | Type of Action |
|--------------|-------------------------|--------------------------|----------------------|
| MGR | TOMAS ALONSO | 333 SE 2ND AVE, STE 2000 | ≡ Add |
| | | MIAMI, FL 33131 | □Remove |
| | | | Change |
| MGR | PAUL STEPHAN SCAPEROTTO | 1669 COLLINS AVENUE | □Add |
| | | MIAMI BEACH, FL 33139 | \equiv \equiv Remove |
| | | | □Change |
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| مغمله مينغمم | if other there | the data of fi | ling. | | | _ (optional) | |
| n effective date te: If the dat | is listed, the dat e inserted in th | the date of fi e must be specific his block does n he Department | and cannot be poor of meet the app | plicable statutor | ng or more than 90 o y filing requirem | lays after filing.) | Pursuant to 605.020 will not be listed as |
| cord specific s filed. | s a delayed eff | ective date, but | not an effectiv | e time, at 12:01 | a.m. on the earli | er of: (b) The | e 90th day after the |
| ted <u>No</u> | VEM B | ER 1- | 1 . 202 | ₹ <u>0</u> . | ntative of a membe | | |
| | ر ر | Tunos (| alm 2 | • | | | |
| | | | | | | | |
| | <u>-</u> | Signature o | of a member or a | uthorized represe | ntative of a membe | г | |