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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER AUG 21 2018

COVER LETTER

TO: Registration S Division of Co			
	rande 2108 LLC		
SUBJECT:	Name of Limited	d Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submi	tted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Marina A. Tepedino		
		Name of Person	
		Firm/Company	
	2937 S.W. 27th Street, Su	iite No. 104	
		Address	
	Coconut Grove, Florida 33	3133	
		City/State and Zip Code	
	marlena@marrerotitle.com		
	E-mail address: (to	be used for future annual report notifi	cation)
For further information	concerning this matter, please call	1:	
Marina A. Tepedino		305 846-9831 at () Area Code Daytime	Telephone Number
Name	e of Person	Area Code Daytime	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

MARINA GRANDE 2108 LLC

(Name of the Limit	ed Liability Comna	ony as it now appears on our rec	ords.)
(Same with same	(A Florida Limited	inv as it now appears on our rec Liability Company)	 ,
The Articles of Organization for this Limited L	iability Company	were filed on December 4,	2015 and assigned
Florida document number L15000202598	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
			8 A
			으
Enter new mailing address, if applicable:		N/A	6 C
(Mailing address MAY BE A POST OFFICE	BOX)		
			S FA
			I: O4
B. If amending the registered agent and	or registered o	ffice address on our reco	ords, enter the name of the ne
registered agent and/or the new registered o	<u>ffice address her</u>	<u>'e</u> :	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street ad	dress
			. Florida
		, Citv	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PEDRO MALAVE	118987 S.W. 12th Sreet	
		Pemborke Pines, Florida 33025	■ Remove
			Change
MGB	MGB MARIA A. TEPEDINO	118987 S.W. 12th Street	
		Pembroke Pines, Florida 33025	■ Remove
			Change
AMBR	AMBR MARIA A. TEPEDINO MAZA	118987 S.W. 12th Street	B Add
		Pemborke Pines, Florida 33025	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			Change

N/A		
		
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ctive date, if other than the	date of filing:	_ (optional)
effective date is listed, the date mus	be specific and cannot be prior to date of filing or more than 90 date of filing or more than 90 date of filing requirements.	avs after filing.) Pursuant to 605.020
ument's effective date on the D	partment of State's records.	ms, and date will not be fisted as
	affactive data to the control of the control of	
record specifies a delayed he 90th day after the rec	effective date, but not an effective time, at 12 ord is filed.	2:01 a.m. on the earlier o
h.d., 24	204.0	
ed	, 2018	
(12-100	
	Signature of a member or authorized representative of a member	