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## **COVER LETTER**

Division of Corp			
AOP 107 L	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspon	ndence concerning this matter	to the following:	
	CHRISTIAM CARDENA	S ESQ.	
		Name of Person	
	LOUIS A. SUPRASKI, P.	Α.	
	***************************************	Firm/Company	
	2450 NE MIAMI GARDE	NS DR. 2ND FLOOR	
		Address	
	MIAMI, FL 33180		
		City/State and Zip Code	
a a Marian Sett Control	SUPRASKI@SUPRASKII  E-mail address: (	AW.COM to be used for future annual report notif	ication)
For further information ed	oncerning this matter, please c	all:	
LOUIS A. SUPRASKI, I	ESQ.	305 792-0060 at ()	
Name of	f Person	Area Code Daytime	e 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 Fec & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2016 APR 29 PM 4: 26

(ALLAHASSEE, FLORIDA

AOP 107 LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

(**************************************	ORIDA
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21055 Yacht Club Dr., Apt-3203
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	21055 Yacht Club Dr., Apt-3203 Aventura, FL 33180
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

	g Authorized Person(s) authorize l from our records:	d to manage, <u>enter the tit</u>	le, name, and address of each person being adde
MGR = MAMBR = A	Manager Authorized Member		20/6 APR 29 PM 4: 26 Type of Action
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF Type of Action
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tive date, if othe	er than the date of file, the date must be specific	ling:	o date of filing or more th	optional) an 90 days after filing	) Pursuant to 605.0
If the date insert	ed in this block does not ate on the Department of	ot meet the applical	ble statutory filing req	uirements, this date	will not be listed
	a delayed effective er the record is file		an effective time	, at 12:01 a.m.	on the earlier
April 20	V W	2016			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00