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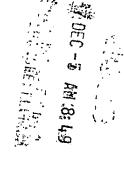
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Div	ision of Corpo	orations	
SUBJECT:	8 STREET O	OPERATOR LLC	
SUBJECT.		Name of Limited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are submitted for filing.	
Please return	all correspond	dence concerning this matter to the following:	
		CAROLYN KAHL	
		Name of Person	
		ROCA GONZALEZ P.A.	
		Firm/Company	
		3370 MARY STREET	
		Address	
		MIAMI, FL 33133	
		City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For firehousi	•fotio		
		ncerning this matter, please call:	
CAROLYN		305 859-6050 at (
	Name of P	Person Area Code Daytime Telephone Number	
Enclosed is a	check for the	e following amount:	
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

:

Registration Section

TO:

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

8 STREET OPERATOR LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	-
The Articles of Organization for this Limited Liability Company we	ere filed on 04/18/2016 and	assigned
Florida document number L16000076534		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u>-</u>		
	r i	
Enter new mailing address, if applicable:		I.
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u></u>
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3. If amending the registered agent and/or registered offic	e address on our records, enter the nan	ie of the
egistered agent and/or the new registered office address here:		- 0
	The second secon	U.
Name of New Registered Agent:		•
New Registered Office Address:	•	
	Enter Florida street address	
	, Florida	
· ·	City Zip Co	de

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>	Address	Type of Action
MGR	ARBORHILL DEVELOP INC.	3370 MARY STREET	
		MIAMI, FL 33133	Remove
			Change
MGR	RICARDO D. CAROZZI	3370 MARY STREET	
		MIAMI, FL 33133	Remove
			□ Change
MGR	DANIELA S. CAROZZI	3370 MARY STREET	■ Add
		MIAMI, FL 33133	□ Remove
			Change
···			□ Add
			Change Add
			Change
			Add
			□ Remove
			□ Change

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Fective date, if other than to effective date is listed, the date	the date of filing:	be prior to date of filin		ptional) fter filing.) Pursuant to 605.020
ote: If the date inserted in this cument's effective date on the	s block does not meet th	e applicable statutor	y filing requirements,	this date will not be listed a
e record specifies a dela The 90th day after the i	yed effective date, record is filed.	but not an effect	tive time, at 12:0	1 a.m. on the earlier o
November 21st	201	7		
November 21st ated	.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00