

L160001271SS

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OAPP LEON CENTER CORAL WAY, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

2017 MAR 16 PH 3:07

STATE OF FLORIDA

2017 MAR 16 P 12:25
STATE OF FLORIDA

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: OAPP LEON CENTER CORAL WAY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

 Diane M. Hernandez
Name of Person
 Adams Gallinar, P.A.
Firm/Company
 1000 Brickell Avenue, Suite 300
Address
 Miami, Florida 33131
City/State and Zip Code
 dhernandez@agilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Diane M. Hernandez at 305 416-6800
Name 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OAPP LEON CENTER CORAL WAY, LLC

(Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/11/2016 and assigned Florida document number L16000127155

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OAPP GALLO SHOPS, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

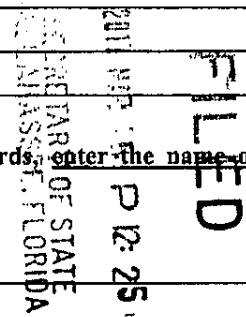
Florida

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:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

2017 MAR 16 P 12:29
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 16, 2017

Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 16 P 12:25

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