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. (Red	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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SECRETARY OF STATE
TALLAHASSIES CORDA

AUG 0 5 2016 S. YOUNG

COVER LETTER

	Registration Sec Division of Corp				
SUBJEC		DISTRICT MIAMI REDEVE	LOPMENT GROUP, LLC		
SUBJEC	-1: <u> </u>	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspon	ndence concerning this matter	to the following:		
		MANUEL L. CRESPO, E	SQ.		
			Name of Person		
		GREENSPOON MARDE	R PA		
			Firm/Company		, FQ
		600 BRICKELL AVENUI	E, SUITE 3600		16 HUG
			1 2		
		MIAMI, FL 33131	•		
			MIII. 02		
		MANNY.CRESPO@GML	AW.COM		20.2
		E-mail address: (to be used for future annual repor	t notification)	
For furth	er information co	oncerning this matter, please co	all:		
MANUE	EL L. CRESPO		305 A	89-2790	
	Name of	Person		aytime Telephone Number	
Enclosed	i is a check for th	e following amount:			
\$25:	00:Filing:Fees	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration S Division of Co Clifton Buildi	orporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL DISTRICT MIAMI REDEVELOPMEN	NT GROUP, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ppany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>07-25-2016</u>	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, For
(Principal office address MUST BE A STREET ADDRESS)		ወ ነ ም
		5 -11-
		+ 1,7
Enter new mailing address, if applicable:		= 13
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		75 gr
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, gere:	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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

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 Blue Rock Capital Holdings LLC		4100 North Miami Ave - 2nd Floor	= Add
		Miami, FL 33127	□ Remove
•			☐ Change
MGR	Camilo A. Lopez	4100 North Miami Ave, 2nd FL	
		Miami, FL 33127	■ Remove
			☐ Change
MGR	Jorge A Escobar	4100 North Miami Ave, 2nd FL	□ ᡯ dd
		Miami, FL 33127	Remove ?
			☐ Change
			Add
			□ Remove
			Change
			Remove
			□ Change
			□ Remove
			Change

D. If amending any	other information	ı, enter change(:	s) here: (Attac	ch additional sheet	s, if necessary.)		
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	f other than the date stated, the date must be inserted in this block tive date on the Depart	does not meet the	applicable statu	filing or more than 90 utory filing requiren	(optional) days after filing.) Pu nents, this date will	rsuant to 605.02 not be listed	207 (3)(b l as the
If the record spec (b) The 90th day	y after the record	l is filed.		fective time, at	12:01 a.m. on	the earlier	of:
Dated July 27		, <u>Əc</u>	>16				
	Sig	nature of a member	or authorized/lep	sentative of a memb	er		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00