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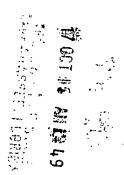
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COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: Crescent REAL ESTATE INVESTORS OF FLORIDA, LLC Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Renzo Bosoni Name of Person First Jecal, P. A. Firm/Company 1930 Harrison 84. Ste. 209 Address	
City/State and Zip Code JANAOCAMO 111 @ mail. Com E-mail address: (to be used for Mure annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (954) 898 - 1488 Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certific	

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

(Name of the Limited Liabil (A Florid	ity Company as it now app a Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability of Florida document number <u>L16000 16 21 06</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	<u></u> ·	·	/ 6 and assigned
A. If amending name, <u>enter the new name of the mi</u>	med habite, company	31010	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," th	e designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	_		8
B. If amending the registered agent and/or registered agent and/or the new registered office ade		on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter I	Florida street address	<u> </u>
	_	, Flor	ida
	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

AMBK = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBER_	GOSTAJO A. OCAMPO	3625 N. COUNTRY Club Dr. A	<u>B</u> □ Add
		AVENTURA FLOTTINA 33180	Z Remove
			Change
HBER	ISABEL C. OCAMPO	3625 N. COUNTRY CLUB DZ.	13 Add
		AVENTURA, FLOZIDA 33180	Remove
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