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COVER LETTER

TO: Registration Section Division of Corporations	
MONDRIAN 1220, LLC (L1	7000015814)
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
TRISTAN BOURGOIGNIE. ESQ.	
(Contact Person)	
TRISTAN BOURGOIGNIE, P.A.	
(Firm/Company)	
5975 SUNSET DRIVE, #603	
(Address)	
SOUTH MIAMI, FL 33143	
(City State and Zip Code)	
For further information concerning this mate	ter, please call:
T. BOURGOIGNIE	305 200 0350
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONDRIAN 1220, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for local document number $\frac{L17000015814}{L17000015814}$.	Tled on 01/20/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
maining utairess may of AT OST OFFICE BONY	जुङ्ग 🕉
3. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the no</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
O	ity 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>	<u>Address</u>	Type of Action
MGR	SERGE LAFITTE	900 WEST AVENUE #939	
		MIAMI BEACH, FL 33139	Remove
			□ Change
MGR	MIAMI WORLD RENTAL, LLC	1100 WEST AVENUE UNIT 1026	= Add
		MIAMI BEACH, FL 33139	Remove
			Change
			□ Remove
			Change
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Filing Fee: \$25.00