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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
eup III	SEPA Don			
SUBJE	CT:		nited Liability Company	-
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Rene Gomez		
			Name of Person	···
		SEPA Doral, LLC		
			FirmeCompany	
		10621 North Kendall Driv	re. Ste 211	
			Address	
		Miami, FL 33156		
			City/State and Zip Code	
		rfgomez@sepatl.com	to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·
Exe fireth	nar information o	n-mail address: i	,	(cation)
		oncerning this matter, please c		
Gerald (305 4010809 at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed	Lis a check for th	e following amount:		
■ \$25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUN 26 PM 4:33

SEPA Doral, LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/16/2017 and assigned Florida document number 1.17000108952 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 8000 NW 21st Street, Ste 200 Enter new principal offices address, if applicable: Miami, FL 33122 (Principal office address MUST BE A STREET ADDRESS) 10621 North Kendall Drive, Ste 211B Enter new mailing address, if applicable: Miami, Fl. 33176 (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

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

. Florida j

If amending or removed	Authorized Person(s) authorized to π from our records:	ianage, <u>enter t</u> l	ne title, name, and address of eac	ch person being added		
MGR = Manager AMBR = Authorized Member		Address Add				
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6/21		2017					
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6/21	Signature of a		thorized representation	sentative of a m	ember		

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Filing Fee: \$25.00