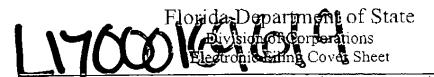
8/14/2017

Division of Corporations



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.

(((H17000215124 3)))



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Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

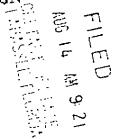
Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

F1			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 8020 LOS PINOS LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT AUG 1 5 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8020 LOS PINOS LLC			<u></u>
(Name of the Limite)	1 Liebility Comp A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L17000169619		/ were filed on 8/9/17	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lial	pility company here:	
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3 <i>0X</i> )	N/A	
B. If amending the registered agent and/or the new registered off	or registered o lice address be	office address on our records, re:	enter the name of the n
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:	<u> </u>	Enter Florida street address	
·		City Flori	Zip,Code
New Registered Agent's Signature, if changing R	egistered Agen	<u>t:</u>	

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	PERLA MACHAEN	444 BRICKELL AVE, STE 760	<b>__</b> Add
	·	MIAMI, FL 33131	🗆 Remove
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	8/9/17	
Note: If	e date, if other than the date of filing:    8/9/17   Option	ional) ir filing.) Pursuant to 605.0207 is date will not be listed as
documen		
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 Oth day after the record is filed.	a.m. on the earlier of
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Page 3 of 3

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