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OCT -8 2018

COVER LETTER

TO: Registration Se Division of Cor			
3091 LUCA			
SOBSECT:		ited Liability Company	
	Amendment and fee(s) are sub	_	
riease return an correspo	Michael Sherman	to the following.	
	Thomas G. Sherman, P.A.	Name of Person	
	90 Almeria Avenue	Firm/Company	
	Coral Gables, Florida 3313	Address	
	mike@uniontitleservices.co	City/State and Zip Code in	
For further information c	E-mail address; (oncerning this matter, please co	to be used for future annual report noti: all:	fication)
Michael Sherman		305 448-5898	
Name o	f Person	at ()Area Code Daytima	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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



3091 LUCAYA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	ty were filed on Augus	st 21, 2017	and assigned
Florida document number L17000178850			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here	:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
The state of the s			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	ere:	ur records, <u>enter (</u>	
New Registered Office Address:			
		street address	
,	City	Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agen	•		•
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	— gree to act in this cap te performance of my s provided for in Cha	eduties, and Lam fo upter 605, F.S. Or, i	uniliar with and if this document is
If Ch	nanging Registered Agent	t, Signature of New Reg	istered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maria Elena Alvarez	3162 Commodore Plz. #5D	
		Miami, FL 33133	__ Add
		Miani, PL 55155	☐ Remove
			
			Change
			_ □ Add
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			Charge T
			TO WARD TO
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			☐ Change
			☐ Remove
			□ Change
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			Remove
			Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		
Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.028 [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00