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From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone

: (305)381-8108

Fax Number

: (305)381-8109

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

Email Address: GN@ATTORNEYMIAMI.COM

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COVER LETTER

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The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filling.		
Please ro	clum	all correspo	ndence concerning this matter	to the following:		
			Alexis I. Marrero Koratich			
				Name of Person		
			Geoffrey M. Wayne, P.A.			
				Firm/Company		
			135 San Lorenzo Ave., PH	1 840	~3	
				Address		
			Coral Gables, FL 33146		OREI CALL	77
				City/State and Zip Code	————	
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Alexis (l. Mai	nero Komiti	ch	305 381-8)08	jm →	•
		Name o	f Person	Area Code Daytime	e Telephone Number	
Enclose	d is a	check for ti	ne following amount:			
₩ \$25.	. 00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional capy is enclosed)	
		Registe Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Taliahassee, FL 32	n ations enter Circle	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MIAMI DEVELOPMENT GROUP II, LLC		
(Name of the Limited Limbility Comman (A Florida Limited L	iv as it now suppears un our records.) iability Company)	1
The Articles of Organization for this Limited Liability Company	were filed on 10/10/2017	and assigned
Florida document number L17000209859		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbraviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		25 FA
Enter new mailing address, if applicable:		
(Malling uddress MAY BE A POST OFFICE BOX)	<u> </u>	
		95 ü
	•	j- -
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su cet address	
	, Flor	
	C/ty	Zip Code
New Degletered 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Adam C, Greenfader	68 SE 6TH STREET	,
			
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