L1800000 9215

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| | Registration Sec Division of Corp | | | | | | |
|--|--------------------------------------|---|---|--|--|--|--|
| cup ucc | 7225 Glenea | | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | |
| The enclose | sed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please reti | urn all correspoi | ndence concerning this matter | to the following: | | | | |
| | | Alfredo Xiques | | | | | |
| | | Garcia & Xiques PA | Name of Petson | | | | |
| | | 2950 SW 27th Ave. Suite | Firm/Company | | | | |
| | | Miami, FL 33133 | Address | | | | |
| | | axiques@rptgfla.com | City/State and Zip Code | | | | |
| | | E-mail address: (| to be used for future annual report noti | fication) | | | |
| For furthe | r information co | oncerning this matter, please ca | all: | | | | |
| Alfredo X | Ciques . | | 305 358-4800 | | | | |
| | Name of | Person | at () Area Code Daytim | e Telephone Number | | | |
| Enclosed | is a check for th | e following amount: | | | | | |
| \$25.0 | 0 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

 ${\bf STREET/COURTER\ ADDRESS:}$

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7225 Gleneagle LLC

FILED

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

(A Florida Limited Liability Company)

| (4.7) | orida familied faability Company) | 2019 MAR 18 ₱ ≩ ¥4 |
|---|---|---|
| The Articles of Organization for this Limited Liabili | ty Company were filed on $\frac{1/10/20}{1}$ | and assigned |
| Florida document number L18000009215 | | and assigned SCOR TARY OF STATE TALLAMASSEE: FLORIDA |
| This amendment is submitted to amend the following | ã; | |
| 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 design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | : | |
| (Principal office address MUST BE A STREET Al | DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | |
| | | |
| B. If amending the registered agent and/or r | enistered office address on our | r recards enter the name of the new |
| registered agent and/or the new registered office | | records, enter the hange of the new |
| | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | |
| | Enter Florida se | treet address |
| | | , Florida Zip Code |
| | • | Zip Code |
| New Registered Agent's Signature, if changing Regis | | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char | nd complete performance of my ord agent as provided for in Chap stered office address, I hereby co | duties, and I am familiar with and ner 605, F.S. Or, if this document is |
| | | |

If Changing Registered Agent, Signature of New Registered 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> | <u>Address</u> | Type of Action |
|--------------|-------------------------|---------------------------|-----------------|
| MGR | Horacio Cruz | 2828 Coral Way, Suite 303 | |
| | | Miami, FL 33145 | U Add |
| | | | □ Remove |
| | | | Change |
| MGR | Claudia Andrade DeSouza | 2828 Coral Way, Suite 303 | |
| | | Miami, FL 33145 | |
| | | | □ Remove |
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| Note: If the dat | , if other than the date of filing: | suant to 605.0207 (3 not be listed as the |
| | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the lay after the record is filed. | the earlier of: |
| Dated February | 22 2019 | |
| × | thing Ix | |
| | Signature of a member or authorized representative of a member | |
| Hora | acio Cruz, Manager Marco DeSouza, Manager | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee