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| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

|                                | Registrati<br>Division o | on Section<br>Corporations   |       |
|--------------------------------|--------------------------|--|-------|
| cub uc                         |                          | GS TOWN CENTER, LLC  |       |
| SUBJEC                         | ,1;                      | Name of Limited Liability Company  |       |
| The encl                       | osed Articl              | es of Amendment and fee(s) are submitted for filing.   |       |
| Please re                      | turn all cor             | respondence concerning this matter to the following:   |       |
|                                |                          | GENARO GARCIA  |       |
|                                |                          | Name of Person   |       |
|                                |                          | SPRINGS TOWN CENTER, LLC   |       |
| SUBJECT The enclosed Please re |                          | Firm/Company   |       |
|                                |                          | 8950 SW 74 CT STE 1801   |       |
|                                |                          | Address  |       |
|                                |                          | MIAMI, FL 33156  |       |
|                                |                          | City/State and Zip Code  |       |
|                                |                          | angie@ciprealty.com  |       |
| For furth                      | er informat              | E-mail address: (to be used for future annual report notification) on concerning this matter, please call:   |       |
|                                |                          |  |       |
| GENAR                          | O GARCE                  |  |       |
|                                | N:                       | at () me of Person Area Code Daytime Telephone Number  |       |
| Enclosed                       | is a check               | or the following amount:   |       |
| □ \$25.0                       | 00 Filing Fe             | e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) | tus & |

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

| SPRIN | GS 1 | IOWN: | CENT | 'FR | $\Pi C$ |
|-------|------|-------|------|-----|---------|
|       |      |       |      |     |         |

| (Name of the Lin   | nited Liability Company as it<br>(A Florida Limited Liability  | now appears on our rec<br>Company)          | cords.)  |
|--|--|---|--|
| The Articles of Organization for this Limited Florida document number <u>L18000028436</u>  | Liability Company were f   | iled on <u>01/30/2018</u>                   | and assigned   |
| This amendment is submitted to amend the fo  | llowing:   |   |  |
| A. If amending name, enter the new name  | of the limited liability co  | mpany here:                                 |  |
| The new name must be distinguishable and contain the   | words "Limited Liability Com   | pany," the designation "I                   | J.C" or the abbreviation "L.L.C."                            |
| Enter new principal offices address, if appl   | icable:  |   | <b>#</b> 0v.   |
| (Principal office address MUST BE A STRE   | ET ADDRESS)  |   | AL SIC   |
|  |  | <u> </u>                                    | G 2  |
|  |  |   | <b>6</b>   |
| Enter new mailing address, if applicable:  |  |   | AH COF S   |
| (Mailing address MAY BE A POST OFFICE  | EBOX)  |   | 9. 33.   |
|  |  | -   |  |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:  | I/or registered office ad<br>office address here:<br>GENARO GARCIA   | dress on our reco                           | rds, <u>enter the name of the ne</u>                         |
| New Registered Office Address:   | 8950 SW 74 CT STE 1  | 801, MIAMI, FL 3315                         | 6  |
| -  |  | Enter Florida street add                    | ress   |
|  | МАМІ   |   | Florida 33156  |
|  | City   |   | Zip Code   |
| New Registered Agent's Signature, if changing  | Registered Agent:  |   |  |
| hereby accept the appointment as register provisions of all statutes relative to the projection as register to the projection to the projection to the obligations of my position as region of the project and the project to the proje | ed agent and agree to ac<br>per and complete perfort<br>istered agent as provided<br>registered office addres. | nance of my duties,<br>d for in Chapter 60: | and I am familiar with and<br>5. F.S. Or if this document is |

Page 1 of 3

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>            | Address                 | Type of Action    |
|--------------|------------------------|-------------------------|-------------------|
| MGR          | GENARO ALONSO          | 8950 SW 74 CT STE 1801  | Add               |
|              |                        | MIAMI, FL 33156         | _ <b>■</b> Remove |
|              |                        | <del> </del>            | ☐ Change          |
| MGR          | CIP MIAMI SPRINGS, LLC | 8950 SW 74 CT STE 1801  | <b>_ ∃</b> Add    |
|              |                        | MIAMI, FL 33156         | Remove            |
|              |                        |                         | ☐ Change          |
| MGR          | SEFLI, LLC             | 2333 BRICKELL AVE #2102 | <b>=</b> Add      |
|              |                        | MIAMI, FL 33129         | □ Remove          |
|              |                        |                         | □ Change          |
| MGR          | NICKALEY HOLDINGS, LLC | 6964 SW 47 ST           | <b>=</b> Add      |
|              |                        | MIAMI, FL 33155         | □ Remove          |
|              |                        |                         | Change            |
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| Effective date, if other is the state of the | er than the date of filing:<br>d, the date must be specific and ca | annut ha maker to done of the         | (op                       | tional)                  | - ^-   |
| <b>Note:</b> If the date inse  | rted in this block does not med                                    | at the applicable statutor            | y filing requirements, th | is date will not be list | ed :   |
| document's effective   | late on the Department of Sta                                      | te s records.                         |                           |                          |        |
| ne record specifie   | s a delayed effective dat  | te but not an effect                  | rive time at 12:01        | a muon the earlie        | or     |
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| Dated Hugu:  | 5+ 13  | 2018                                  |                           |                          |        |
|  | X nu   |                                       |                           |                          |        |
|  | Signature of a me  | pher of authorized represen           | itative of a member       |                          |        |
|  | / / /  |                                       |                           |                          |        |

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Filing Fee: \$25.00