118000034009

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| CHRIPOT. | | | | |
| SUBJECT: | | | nited Liability Company | |
| The enclose | d Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return | all correspo | endence concerning this matter | to the following: | |
| | | Kenneth R. Florio | | |
| | | | Name of Person | |
| | | Goodkind & Florio, P.A. | | |
| | | | Firm/Company | |
| | | 8461 SW 144th Street | | |
| | | | Address | |
| | | Palmetto Bay, Ft. 33158 | | |
| | | | City/State and Zip Code | |
| | | Name of Limited Liability Company es of Amendment and fee(s) are submitted for filling. respondence concerning this matter to the following: Kenneth R. Florio Name of Person Goodkind & Florio, P.A. Firm/Company 8461 SW 144th Street Address Palmetto Bay, Fl. 33158 City/State and Zip Code E-mail address: (to be used for fature annual report notification) on concerning this matter, please call: 786 713-5017 at (| | |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| Kenneth R. l | Florio | | | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| \$25.00 F | iling Fee | | Certified Copy | Certificate of Status & Certified Copy |

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

515 Valencia SPE, LLC

| (Name of the Limited Liab) (A Florid | fity Company as it now appears on our records.) da Limited Liability Company) | |
|--|--|--|
| The Articles of Organization for this Limited Liability (Florida document number L18000034009 | Company were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | 5 |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| P | | O |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: | | nter the name of the nev |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| _ | , Floric | la Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registere | | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and co accept the obligations of my position as registered ay being filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performance of my duties, and I gent as provided for in Chapter 605, F.S ed office address, I hereby confirm that to | am familiar with and . Or, if this document is |
| | If Changing Registered Agent, Signature of N | ew 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> | Address | Type of Action |
|--------------|--------------------|------------------------|----------------|
| VP | Vivian Bonet Rubio | 2665 S. Bayshore Drive | |
| | | Suite 1101 | Remove |
| | | Miami, Florida 33133 | Change |
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| Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Defective date on the Defective date. | t be specific and cans ock does not meet | not be prior to dat the applicable s | e of thing of more in | an yu days after filing | .) Pursuant to 605.02- |
| ne record specifies a delayed The 90th day after the reco | effective date ord is filed. | , but not an | effective time | , at 12:01 a.m. | on the earlier |
| December 7 | 21 | 018 | | | |
| Dated | · – | Ma | | | |
| | | Mary | | | |
| | Signature of a mery | <i>[[</i> | representative of a | | |

Page 3 of 3

Filing Fee: \$25.00