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Division of Corporations

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From:

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAREPTA III, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		TA III, LLC		
(Name of the Lin	ited Liability Com (A Florida Limite	ipany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Florida document number L18000164199				and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	ability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			
				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address h	office address on ou	r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida s	ireei oddress	
			, Florida	
		City		Zip Code

New Registered 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

PAGE 03/04

☐ Remove

_ Change

MGR = Manager

3052201440

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title Name | Address Type of Action ODELMYS BELLO 277 E. 4th Street MGR HLALEAH, FLORIDA 33010 ☐ Add _ 🗸 Remove _ Change ODELMYS BELLO MGRM 277 E. 4th Street HIALEAH, FLORIDA 33010 ■ Add __ 🗆 Remove VIDAL SURIEL MGR 277 E. 4th Street HIALEAH, FLORIDA 33010 ☐ Add _∈ Remove _ Change CORNERSTONE CAPITAL 6505 BLUE LAGOON DR. #130 MGRM INVESTMENTS, INC. MIAMI, FLORIDA 33010 **■** Add □ Remove _D Change b5A □_ ☐ Remove _ Change □ Add

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Note.	ctive date, if other than the date of effective date is listed, the date must be spec If the date inserted in this block does ument's effective date on the Department	ific and cannot be prior to 4 not meet the applicat	1	(optional) ore than 90 days after filing.) Pur requirements, this date will	suant to 605,0207 (3 not be listed as the
		erina alama e e e e	an effective ti	me, at 12:01 a.m. on t	the partier of:
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the re	OCTOBER 30	filed. 2018			are carrier of.
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