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SECTION SECTION

K. SALY AUG 23 2018

## **COVER LETTER**

Division of Corpo			
SUBJECT:	2176 Cu o Name of Limi	lidge Oc Ll	
	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Llavia Isal	bel Perez Name of Person	
	Two Pillar	Proporties Firm/Company	
	<u> </u>	Address	
	Minni	F/ 33155	· · · · · · · · · · · · · · · · · · ·
		O be used for future annual report notific	
For further information con	cerning this matter, please ca		
Maya Isal Name of P	pel Perez	at ( <u>305</u> ) 748 20. Area Code Daytime	ファ ら Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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 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

FILED

18 AUG 15 AM 9: 10

TALLAMASSIE BISINE

2126 0	wolidge DR LX	TALLAMASSION STATE
(Name of the Limited Liabii (A Florid	Ity Company as it now appears on ou a Limited Liability Company)	er records.)
The Articles of Organization for this Limited Liability (	Company were filed on <u>Au</u>	5. 7, 2018 and assigned
Florida document number 18 000 189 2	<b>83</b> .	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
2126 Cooli	dac SI LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	<del></del> -
B. If amending the registered agent and/or regi		records, enter the name of the nev
registered agent and/or the new registered office add	<u>oress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
They Registered Office Address.	Enter Floridu stre	et address
<del></del>	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added FILED or removed from our records: 18 AUG 15 AH 9: 10 MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add \_□ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	TALL SECULO 10 AUG 15 AH 9: 10
	18 AUG IT
	SECTION AH 9: 10
	TALLAHASSEE, FLORIDA
_	
_	
<del></del>	
	<del></del>
(If an effect Note: If	e date, if other than the date of filing:
the reco ) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	Aus 9 . 2018.
	$\mathcal{U}_{\sim}$
	Signature of a member or authorized representative of a member
	Maria I sabel Perez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00