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A SUBJECT:	CMM)	17 LLC	į	
SUBJECT:	- -	Name of Lim	ited Liability Company	
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The enclosed A	rticles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return al	Leorresp	ondence concerning this matter	to the following:	
		HAYDEE CEBALLOS, C	PA	
			Name of Person	·
		CEBALLOS CEBALLOS	BESTULICH & PADRON, CPA	AS
			Firm/Company	
		890 SOUTH DIXIE HIGH	WAY	
			Address	
		CORAL GABLES FL 331	46	
		HCEDALLOS OCCUDA CO	City/State and Zip Code	
		HCEBALLOS@CCBP-CP/ E-mail address: (AS.COM to be used for future annual report no	otification)
For further info	rmation	concerning this matter, please ca	-	
HAYDEE CER	BALLOS	, CPA	305 381-0825	
Name of Person			me Telephone Number	
Enclosed is a ch	neck for	the following amount:		
E) \$25.00 Fili	ng 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 enclused)
V				
Regis Divis		Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallah	iassee,	FL 32314	2415 N. Monr Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 6, 2018 and assigned Florida document number L18000213039 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SAN GIULIANO 15, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 890 SOUTH DIXIE HIGHWAY Enter new principal offices address, if applicable: CORAL GABLES, FL 33146 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

M

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
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(If an effective	ate, if other that date is listed, the d	ate must be specifi	il ing: c and cannot be	prior to date of	filing or more th	an 90 days afte	onal) r filing.) Pursu	ant to 60)5,0207
document's	e date inserted in effective date on	the Department	of State's rec	pplicable statt ords.	itory filing req	uirements, thi	s date will no	ot be lis	acd as
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