## 118000 252586

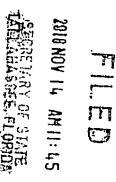
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



200320752342

11/14/18--01007--020 \*\*150.00



Y SULKER NOV 28 Zure

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EL SENDERO Y   | V, LLC  |                           |
|--|---|---------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited l   | ny as it now appears on our records.)<br>Liability Company) | <del></del>               |
| The Articles of Organization for this Limited Liability Company Florida document numberLI8000252586                    | were filed on   | and assigned              |
| This amendment is submitted to amend the following:  |   |                           |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |                           |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or                     | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                           |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                           |
| Enter new mailing address, if applicable:  |   |                           |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | ZDIO NOV                  |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her |   | nter tho name of the new  |
| Name of New Registered Agent:  |   | AHIII:L                   |
| New Registered Office Address:   | Enter Floridg Street address                                | Bis o                     |
|  | , Floric  | la                        |
|  | C (1)   | ZIJI COUK                 |

## 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                     | <u>Address</u>           | Type of Action |  |
|--------------|--------------------------|--------------------------|----------------|--|
| MGR          | HIRAM D. OCARIZ          | 999 PONCE DE LEON BLVD., | 🗆 Add          |  |
|              |                          | SUITE 650                | ■ Remove       |  |
|              |                          | CORAL GABLES, FL 33134   | Change         |  |
| AMBR         | EZEQUIEL GUILLERMO PEREZ | 999 PONCE DE LEON BLVD.  | <b>=</b> Add   |  |
|              |                          | SUITE 650                | ☐ Remove       |  |
|              |                          | CORAL GABLES, FL 33134   | Change         |  |
| MGR          | EZEQUIEL GUILLERMO PEREZ | 999 PONCE DE LEON BLVD.  | <b>=</b> Add   |  |
|              |                          | SUITE 650                | □ Remove       |  |
|              |                          | CORAL GABLES, FL 33134   | ☐ Change       |  |
|              |                          |                          | 201@NOV        |  |
|              |                          |                          | NOV TO Remove  |  |
|              |                          |                          | To Dange (D    |  |
|              |                          |                          | ું ત્યુ        |  |
|              |                          |                          | □ Remove       |  |
|              |                          |                          | Change         |  |
| <del></del>  |                          |                          |                |  |
|              |                          |                          | □ Remove       |  |
|              |                          |                          | ☐ Change       |  |

|   |   |   |                               | -                |
|---|---|---|-------------------------------|------------------|
|   |   |   |                               | _                |
|   |   |   |                               | _                |
| ·   |   |   |                               |                  |
|   |   |   |                               | -                |
|   |   |   |                               | =                |
|   |   |   |                               | -                |
|   |   |   |                               | _                |
| <del></del>                                       |   |   |                               | _                |
|   |   |   |                               |                  |
| <del> </del>                                      |   |   |                               | -                |
|   |   |   |                               | -                |
|   |   |   | ··                            | -                |
|   |   |   |                               | _                |
|   |   |   |                               | _                |
|   |   |   | 7916                          |                  |
|   |   | · · · · · · · · · · · · · · · · · · ·   | NON AON                       | -<br>-           |
|   |   |   |                               |                  |
|   |   |   |                               | - jr             |
| Essantina data is                                 | adh an dhuu dha dhaa uf filimu  |   | AM III                        | C                |
| If an effective date is I<br>Note: If the date in | other than the date of filing isted, the date must be specific and inserted in this block does not move date on the Department of States. | cannot be prior to date of filing or more than 90 d<br>teet the applicable statutory filing requirement | ays after filing Husuant 6 60 | 5.0207<br>ted as |
|   | ies a delayed effective d<br>after the record is filed.   | ate, but not an effective time, at 1  | 2:01 a.m. on the earl         | ier of           |
| Dated   | OCTOBER 27,   | 2018  |                               |                  |
|   | X <b>V</b> isan   | D. Ocarig   |                               |                  |
|   |   | nember or authorized representative of a member   |                               |                  |
|   |   |   |                               |                  |

Page 3 of 3

Filing Fee: \$25.00