118000252592

(Re	questor's Name)	
(Address)		
bA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		



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

SOUTH WILL AND A STATE OF STAT

Office Use Only

Y SULKEP NOV 28 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL SENDERO V	I, LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company v Florida document numberL18000252592	were filed on!	0/26/18	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	signation "LLC" o	r 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)			75 79 79 79 79 79 79 79 79 79 79 79 79 79	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records,	enter the manie of the new	
Name of New Registered Agent:			FF ST E	
New Registered Office Address:	Enter Florid	lg street address	05 05	
	City	, Flori	ida 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 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.,	
		SUITE 650	■ Remove
		CORAL GABLES, FL 33134	Change
AMBR	EZEQUIEL GUILLERMO PEREZ	999 PONCE DE LEON BLVD.	
		SUITE 650	☐ Remove
		CORAL GABLES, FL 33134	Change
MGR	EZEQUIEŁ GUILLERMO PEREZ	999 PONCE DE LEON BLVD.	— □ Change
		SUITE 650	□ Remove
		CORAL GABLES, FL 33134	.
•			Change
			□ Add
			20 Remove AHA
			S:U Chamge
			90 Remare
			Change
			□ Add
			☐ Remove
			Chanca

. If amending any oth	ner information, enter change(s) here: (Attach additional she	eis, ij necessary.)
 		
		
		
		<u> </u>
		ZOLB NOV 14
		(in)
		11.7 3
		05:30 17.13 1: 05
(If an effective date is liste Note: If the date inse	her than the date of filing: ed, the date must be specific and cannot be prior to date of filing or more than reted in this block does not meet the applicable statutory filing required date on the Department of State's records.	
	es a delayed effective date, but not an effective time, a fter the record is filed.	at 12:01 a.m. on the earlier of:
Dated	OCTOBER 27, 2018	
	X Hiram D. Ocari	
	Signature of a member or authorized representative of a men	mber
	HIRAM D. OCARIZ Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00