L19000041805

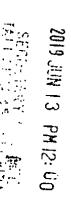
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COVER LETTER

	AMI, LLC		
SORTECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Division of Corporations 9315 MIAMI, LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. ### Page 1		
Please return all corres	pondence concerning this matter t	to the following:	
		Melissa Sosa Name of Person	
	Leopola	Korn PA.	·
	Aven	tura FL 33180 City/State and Zip Code)
	E-mail address: (t	64. (A) ADDOLA KOR o be used for future annual report notif	1.Com
For further information	n concerning this matter, please ca	dl:	
Ellie Gonza	dez or Molissa So.	SA at (305_) 935_ Area Code Daytime	- 35 00 e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

9315 MIAMI, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our recortied Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L19000041805}{L}$.	any were filed on 02/11/2019	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 I	.iability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		ds, enter the name of the n
New Registered Office Address:	(2) (2) (1)	} -
	Enter Florida street addr	ess
	, Florida	
New Registered Agent's Signature, if changing Registered Ag	•	zip com
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	agree to act in this capacity. I f lete performance of my duties, a as provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MCD	LEO GHITIS	2980 NE 207th Street, Suite 706	
MGR			
		Aventura, FL 33180	
			Remove
			Change
	JONATHAN GHITIS	2980 NE 207th Street, Suite 706	Change
MGR	JOHATHAN GINTIS	2700 N.S. 207th Street, State 700	□ Add
		Aventura, FL 33180	U X00
		Aventura, FL 33180	-
			■ Remove
			Change
AMBR	Medley Members LLC, a Delaware limited liability company	2980 NE 207th Street, Suite 706	
	- Iselaware inflicted flaginty company	·····	Add
		Aventura, FL 33180	
			□ Remove
•		 _	Change
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					5. in .	
Effective date, if other than if an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and s block does not m	cannot be prior to dieet the applicable	date of filing or more the	(option an 90 days after fi uirements, this (ling.) Pursuant to 6	605.0207 (3)(isted as the
e record specifies a dela The 90th day after the	yed effective d record is filed.	ate, but not a	in effective time,	at 12:01 a.	m, on the ear	lier of:
Dated June 12		2019				
<u> </u>	Signature of a n	nember or authoriz	ed representative of a n	nember		
Lea	\sim		ame of signee			
		Typea or printed n	ame or signee			

Page 3 of 3

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