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(Re	equestor's Name)	
(Ac	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
(B	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of Sta	tus
Special Instructions to	Filing Officer:	

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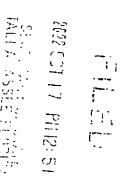
A. RIVERS

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TO: Registration Se Division of Cor			
SUBJECT:	Urrutia	- Madrid Hold	lings LC
	Name of Limi	ted Liability Company	J
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Max Adam	<u>J</u>
		The medi la	wfirm
		1.1.	h 1
		<u>.4979</u> Sw 7	4 th Ct
	,	.(+,)-	1
	/\	MOM, TC, SS	(1)
	Exelyn &	City/State and Zip Code The Medilaw Fiva to be used for future annual report note	rication)
For further information e	oncerning this matter, please ea	all:	
Maxa	Odams	at (285) 444 Area Code Daytin	3484
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
5-\$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)
<u>Mailing Addres</u>		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of 1	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

• ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UYYuh'a - Mad (Name of the Limited Liability Compan (A Florida Limited L	rid Holdings LLC iv as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 2 /19/201	29 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1708/ Watersprit Boca Raten FL, 3		<u></u> <u>rd</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17001 Watersprite lo Borg Ratun, Fi, 3	illis Road 3496	<u>-</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new regi	<u>stered</u>
Name of New Registered Agent:		63	
New Registered Office Address:	Enter Florida street address	IZ OCT	-
 	, Florida _		-
New Registered Agent's Signature, if changing Registered Agent-	City	Zip Code	 -

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 Type of Action Title Address Name Jose Urrutia [708] waterSprite Lakes RD DAdd MGR Boca Raton FL 33494 DRemove Ana C. urrutia 12ayum 1708/ Water Sprite Lakes 20 DAdd

Boaq Raten FL 33496 DRemove MBR ______Change Francis V 12aguine Vous 17081 Water Sprite lakes Rp - Add

Boca Raton Fr 33494 - Remove MGR Change ____ □Remove _____ Change

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ocument :	s effective date on	the Department of	State 8 fecords	•			
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			Me	6/11			
		Signature of a	a member or auth	orized representat	ve of a member		
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