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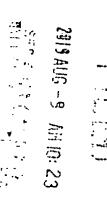
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## COVER LETTER

**TO:** Registration Section

CR2E079 (2/14)

Division of Corporations

FLATIRON 1915 LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ALAND HERNANDEZ (Contact Person) FLATIRON 1915 LLC (Firm-Company) 11141 NW 77TH TER (Address) **DORAL FL 33178** (City State and Zip Code) For further information concerning this matter, please call: 786 ALAND J HERNANDEZ \_\_\_ at (\_\_\_\_ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{077}{2}$ Florida document number $\frac{P19000187805}{2}$ .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>rre</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the do-	esignation "LLC" or the abbreviation "L.E.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)	78 78 TO
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the namezof the ne
Name of New Registered Agent:	Δ
New Registered Office Address:	
Enter Flor	ida street address
	Florida Zıp Code
Cin	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, <u>enter the title, name, and address of each person\_being adde</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CRISTIAN M CASTILLO	11144 NW 77TH TER DORAL FL 33178	
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Filing Fee: \$25.00