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PICK-UF	P WAIT	MAIL
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	(Document Number)	
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COVER LETTER

Division of Co			
SUBJECT:	re Line at D.	adeland, LLC	€ J
	Name of Lin	nited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Diego	Ojeda Name of Person	
.•	-		
	Rilea	Group Hirm/Company	
		Firm/Company	
	1200 Br	idell Ave, Sui	te 1200
	Miam	i, FL 33131	!
	doje	City/State and Zip Code da Co Rilea Gr to be used for future annual report not	oup-can
			fication)
or further information c	oncerning this matter, please ca	all:	
<u>Diepo</u>	Ojeda	at (<u>786) 200</u> - Area Code Daytim	-4581
Ū		Area Code Dayum	e Telephone Number
inclosed is a check for th	ne following amount:		
\$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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Line at	Dadeland, LL	C
(Name of the Limited Liability (A Florida)	y Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{9}{17}$	-/20 and assigned
Florida document number L20000291995	5.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		SE 20
•		9.7.5 20.80
Enter new mailing address, if applicable:		23 7
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	हर्ने व कि
		# 3 III
_		~
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>en</u>	iter the name of the new registere
Name of New Registered Agent:	72	
New Registered Office Address:		
	Enter Florida street ad	dress
	,	. Florida
	City	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

Title	Name	Address	Type of Action
MGR	EURIL THE LINE, LLC	1200 Brickell Ave	⊠ ∆dd
		Suite 1200, Miami FL	□Remove
		33131	□Change
MGn	Diego Ojeda		□Add
		(some as above)	&Remove
			□Change
MGN	Man Ojeda		□Add
-		(some as above)	Z Remove
			□Change
MGR	Ivan Gontalez		🗆 Add
		(some as above)	 ŒRemove
			□Change
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