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COVER LETTER

	ST PARK TRIPLEX LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WEST PARK TRIPLEX LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Alex Lorenzo Name of Person WEST PARK TRIPLEX LLC Firm/Company 1100 Biscayne Blvd #4307 Address Miami FL, 33132 City/State and Zip Code alex@duexcapital.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: x Lorenzo Name of Person Name of Person		
		Name of Person	Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
	WEST PARK TRIPLEX L	LC	
		Firm/Company	
	1100 Biscayne Blvd #4307	,	
		Address	
	Miami FL, 33132		
	alex@duexcapital.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information of	concerning this matter, please ea	all:	
Alex Lorenzo			
Name o	r Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

WEST PARK TRIPLEX LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorded Limited Liability Company)	<u>S.</u>)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	24. 13.11
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		一 图 4 是
Principal office address MUST BE A STREET ADL	ORESS)	PM 10 153
Enter new mailing address, if applicable:		3. *
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	8
	Fla	orida
	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 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>	<u>Name</u>	Address	Type of Action
AMBR	Esteban Marchese	10101 E Bay Harbor Dr.	⊡Add
		#602	■Remove
		Bay Harbor Islands, FL 33154	□Change
			□Add
			□Remove
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ated	May 2	<u>8</u>	, <u>20</u>	<u>124</u> .	1	5		
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		Signatur	e of a member	or authorized r	epresentative of a	i menibyr		