Larce Sign

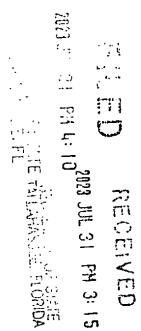
(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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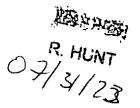
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COVER LETTER

	egistration Se livision of Cor				
CUBINGS	GDC MIAN	AI 3 LLC			
SUBJECT	ı :	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter			
	-		•	وي	
				ارب در ا	
			Name of Person	:	1
		CARLOS GARCIA PA	•	<u>د،</u>	ì
			Firm/Company	- · · · =	
		500 SOUTH DIXIE HWY	SUITE 202		, `
			Address	- <u>, ug</u> c	>
		CORAL GABLES, FL 33	146		
			City/State and Zip Code	_	
		CARLOS@CGPALAW.CC	OM to be used for future annual report notification)		
~ ~			·		
For further	r information c	oncerning this matter, please c			
CARLOS	GARCIA		305 7792479- EXT 1		
	Name o	f Person	Area Code Daytime Telephone Numb	êr	
Enclosed i	is a check for t	he following amount:			
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fec, cate of Status & ed Copy al copy is enclosed)	
	Mailing Addres		Street Address: Registration Section		
	Division of C		Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDC MIAMI 3 LLC				
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>(s.</u>)		
The Articles of Organization for this Limited Liability Compa	and assigned			
Florida document number L22000098772				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li				
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC	" or the abbreviation "CL.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	8TH STREET PROPERTY M.	ANAGEMENT, LLC		
(Mailing address MAY BE A POST OFFICE BOX)	2428 SW 8TH ST.			
	MIAMI, FLORIDA 33135			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, enter			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Name	Address	Type of Action
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			□Remove
			Change
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			□Remove □Change □Add
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Filing Fee: \$25.00