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Division of Corporations

3052201440

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LATIN CORAL WAY, L.L.C.

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Felp

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Latin Coral Way, LLC.			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited L Florida document number L22000127283			and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liat	ility company here:	
N/A	÷2		
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.E.C."
Enter new principal offices address, if applic		N/A	
(Principal office address MUST BE A STREE		1590 Coral Way	
		Miani, Fl, 33145	
Enter new mailing address, if applicable:		Same as above	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office : s here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	N/A	<u> </u>	
New Registered Office Address:			
en and the Control of	to a street or, , w	Enter Florida street addres	
		, FIG	orida <u> </u>
New Registered Agent's Signature, if changing R	legistered Agent:		7

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.

: 04 3052201440

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	Thomas 6.4. 11
VP	Mario R Fraga	1590 Coral Way. Miami. Fl. 33145	Type of Action
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Typed or printed name of signee