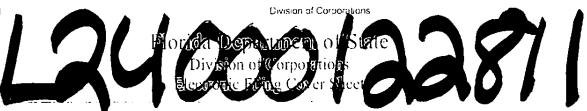
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : I20030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRONOS BUILDERS 1 LLC

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Electronic Filing Menu — Corporate Filing Menu

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF:

H240003020143

		·
nited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
		and assigned
llowing:		
of the limited liability	company here:	
	ompany," the designation "LLC" or	the abbreviation "L.L.C."
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<u>ET ADDRESS)</u>		· 2
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		22:
• •	ess on our records, <u>enter the</u>	name of the new register
4000 Ponce de Leon	Blvd., Suite 770	
	Enter Florida street address	
Coral Gables	Florid	la 33146
		Zip Code
	Liability Company were  llowing:  of the limited liability  words "Limited Liability Colicable:  ET ADDRESS)  registered office address here:  4000 Ponce de Leon  Coral Gables	of the limited liability company here:  words "Limited Liability Company," the designation "LLC" or icable:  ET ADDRESS)  registered office address on our records, enter the ess here:  4000 Ponce de Leon Blvd., Suite 770  Enter Florida street address

#### 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.

### H240003020143

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
MGR	DELGADO, NELSON		□Add
			≣Remove
<u>AP</u>	DELGADO, GABRIEL		∐Add
			<b>≡</b> Remove
			□Change
MGR	GREC KENDALL MANAGEMENT, INC.	8500 SW 8TH STREET STE 228	■Add
		MIAMI, FL 33144	□Remove
			[ ] Change
MGR	CRONOS BUILDERS LLC	1600 PONCE DE LEON BLVD	■Add
		STE 1103	= Remove
		CORAL GABLES, FL 33134	
			□Add
			Петоve
			□Change
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an effect	tive date is liste	ed, the date in	ust be specific	and cannot				i 90 days aft	er filing.) Pu	rsuant to 605.020
	the date inse it's effective (					e statutory	filing requ	irements, th	ns date wil	I not be listed as
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