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ATTORNEYS AT LAW

Miami Tower 100 S.E. Second Street | Suite 4200 Miami, Florida 33131-2113 P.O. Box 019101 | Miami, Florida 33101-9101 305.530.0050 | fax 305.530.0055 www.carltonfields.com

Casta Puello Legal Administrative Assistant (305) 539-7248 cpuello@caritonfields com

February 23, 2018

Atlanta Hartford Los Angeles Miami New York Orlando Tallahassee Tampa Washington, DC West Palm Beach

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

South Shore Lofts, LLC / Articles of Amendment to Articles of Organization of South

Via Regular Mail

Shore Lofts, LLC / Our File No. 12319.31392

Dear sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization of South Shore Lofts, LLC for filing, together with our Escrow check in the amount of \$25.00 representing the filing fee.

Should you have any questions or concerns please do not hesitate to contact our office

Sincerely,

Carlton Fields

Casta Puello

Legal Administrative Assistant

CP: Enclosures

COVER LETTER

TO: Registration Se Division of Cor			
	IORE LOFTS, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MICHELE B. SOFTNESS	;	
		Name of Person	
	CARLTON FIELDS JORI	DEN BURT, P.A.	
		Firm/Company	 _
	100 SE SECOND STREE	T #4200	
		Address	
	MIAMI, FLORIDA 33131		2011
		City/State and Zip Code	
	Msoftness@carltonfields.co		ation) EE 2 F
	E-mail address: (to be used for future annual report notific	ation)
For further information co	oncerning this matter, please co	all:	
Casta Puello		305 539-7248 at ()	22 S
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the pame of th
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registered agent and/or the new registered onice address nere.
New Registered Office Address: Enter Florida street address
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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SARA BRILL	1095 NORTH SHORE DRIVE	
		MIAMI BEACH, FL 33141	■ Remove
			☐ Change
MGRM	KEVIN BRILL	1095 NORTH SHORE DRIVE	
		MIAMI BEACH, FL 33141	■ Remove
			Change
MGR	SARA BRILL	1095 NORTH SHORE DRIVE	Add
		MIAMI BEACH, FL 33141	Remove
			Change
MGR	KEVIN BRILL	1095 NORTH SHORE DRIVE	
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			Change
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Effectiv	ve date, if o	ther than th	e date of f	filing:				_ (optio	nai)		
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Typed or printed name of signee

Filing Fee: \$25.00