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COVER LETTER

TO: Registration : Division of C							
639 US F	lighway 1, LLC						
Sondeer.	Name of Lin	Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
	Steven O. Meglio, CPA						
		Name of Person					
		Firm/Company					
		Address					
	Caldwell, NJ 07006						
		155 16					
	lcardinute@yahoo.com		S F				
For further information	e-mail address: (to be used for future annual report notific all:	ation)				
Steven O. Meglio		973 226-4300 at ()	SEP 19 M to 38 Pelephone Number				
Name	of Person		elephone Number				
Enclosed is a check for	the 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:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

639 US HIGHWAY 1, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Plorida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L09000090909	oility Company were filed on September 21, 2009	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter t</u> e <u>address here</u> :	he name of the ne
Name of Name Descriptions of Asserts		数数一下
Name of New Registered Agent:		
New Registered Office Address:	P. Cl. V. and H.	
	Enter Florida street address	* 36 ***********************************
	, Florida	Zip Code
	City	ZID COAE

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	PETER J. PINTO	4300 S US HIGHWAY 1	□ Add·
		SUITE 203-346	■ Remove
		JUPITER, FL 33477	Change
MGRM	Acme Property Management, LLC	4300 S US HIGHWAY 1	∃ Add
		SUITE 203-346	□ Remove
		JUPITER, FL 33477	☐ Change
			□ Remove
			Change
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ted	7/2/	19	Dr.	2016	7 ·	\mathcal{L}	1			
		5	Signature of a n	nember or autho	rized repre	entative of a	member			

Page 3 of 3

Filing Fee: \$25.00