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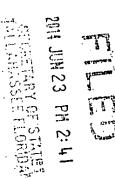
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NUN 2 5 2014 J. BRUCE

COVER LETTER

TO:

Registration Section **Division of Corporations**

2401 Collins 1401, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William F Jelke Name of Person Firm/Company 100 Almeria Avenue, Ste 230

Coral Gables, FL 33134

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William F Jelke

Name of Person

Daytime Telephone 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

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24 U	1 00	1111115	140	١.	ᆫ	٠.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Life Florida document number L1100004488	iability Company 3	were filed on 04/14/2011 and assi	gned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applic	able:	2507 Country Club Prado	
(Principal office address MUST BE A STREE	T ADDRESS)	Coral Gables, FL 33134-2199	
· .			
Enter new mailing address, if applicable:		100 Almeria Avenue, Ste 230	
(Mailing address MAY BE A POST OFFICE	BOX)	Coral Gables, FL 33134-2199	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	ffice address her	ffice address on our records, enter the name of the second seconds. Espinosa	of the new
	100 Alme	ria Ave, Ste 230	Carrier.
New Registered Office Address:		Enter Florida street address	[1 8
	Coral Gal		Canal S
		City Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	A.F.	
provisions of all statutes relative to the propaccept the obligations of my position as regi	er and complete istered agent as p registered office	ee to act in this capacity. I further agree to comp performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docu address, I hereby confirm that the limited liabili	h and ment is

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Add
			Remove
· .			□ Add
			Remove
			<u></u>
			Add
			□ Remove
			OP C Fremove
			Add
			□ Remove

,	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please update the following addresses for each managing member:
	William F Jelke - 2507 Country Club Prado, Coral Gables, FL 33134-2199
	Elizabeth M Jelke - 2507 Country Club Prado, Coral Gables, FL 33134-2199
(The e	ctive date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
(The e	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
(The e	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)

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Filing Fee: \$25.00

