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FILED 2015 JUL -6 P 2: 56 SECRETARY OF STATE SECRETARSEE, FLORIDA

JULO TRIBLECK

COVER LETTER

TO: Registration Se Division of Cor				
3601 Vinels	and, LLC			
SUBJECT.	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	_		
	Jay Eisenberg			
		Name of Person		
	The Eisenberg Group			
		Firm/Company		
	4613 N. University Drive	- #411		
		Address		
	Coral Springs, FL 33067		ALLA	SECRETY
	jay@eisenbergholdings.cor	City/State and Zip Code	HASS	
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please c	all:	£107	D 2:
Jay Eisenberg		954 755-1212 at ()	a A	5
Name o	f Person		: Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
MARI	INC ADDRESS.	CTDEET/COUDII	ED ANNDESS.	

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

3601 Vineland, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our re liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000016524</u> .	were filed on January 30, 2	2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	'LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	··	SEC	201 <u>. </u>
		AR HE	
		AR)	
Enter new mailing address, if applicable:		m _o	
(Mailing address MAY BE A POST OFFICE BOX)		50	<u>~</u> •
		RATE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ords, <u>enter the</u>	name of the nev
New Registered Office Address:	Enter Florida street a	ddress	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am fam. 105, F.S. Or, if th	iliar with and his document is

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>	<u>Address</u>	Type of Action
MGR	Scott Eisenberg	4613 N. University Drive - #411	■ Add
		Coral Springs, FL 33067	□ Remove
		.	☐ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add 2015 Remove SECRETAR ALLAHASS
			ST DAdd D
			□ Change
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Filing Fee: \$25.00