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EXAMINER

COVER LETTER

TO: Registration So Division of Cor			
3900 No	orth Hills Drive Fairways	s 404, LLC	
SOBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leo S. Goldstein		
		Name of Person	
	<u> </u>	Firm/Company	
	3800 North Hills Dri	ve Apt 304	
		Address	
	Hollywood, FL 3302	21	200
	lesigo@yahoo.com	City/State and Zip Code	ART ART 2
	E-mail address: (to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please c	all:	T9 3 [
Leo S. Goldstein		917 757-6550	FLORIGE TO 18
Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	he 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

3900 North Hills Drive Fairways 404, Ll		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Compare Florida document number 14000134029	ny were filed on August 26, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC	"O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		200
		- 50 2 - 7
Enter new mailing address, if applicable:		V 25
(Mailing address MAY BE A POST OFFICE BOX)		ma T
-		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
Thereby accept the appointment as registered agent and as	aree to act in this canacity. I fur	ther garee to comply with the

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AR	Harry Goldstein	3192 NE 211 Terrace	■ Add
		Aventura, FL 33180	Remove
			□ Remove
			Remove
			SSET DAddy CO
			Remove
			□ Add
			Remove
			<u>.</u>

amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
	/ d N
Effective date, if other than the date of filing. (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated November 20	2014
	901
Signature of a m	ember of authorized representative of a member
	leo S. 60/dstein

Page 3 of 3

Filing Fee: \$25.00

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