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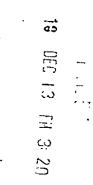
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	19 SOUTH	SWINTON LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		DEBRA M COHEN		
		19 SOUTH SWINTON LL	Name of Person	
		1140 BAUHINIA RD	Firm/Company	
		DELRAY BEACH, FL 33-	Address 483	
		LEE.COHEN@MANIMAL		
For furtl	ner information co	ne-man address: (to oncerning this matter, please ca	to be used for future annual report notifiall:	cation)
LEE CC	OHEN		561 573-6628	
	Name of	Person		Telephone Number
Enclosed	d 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

19 SOUTH SWINTON LLC

(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 Liability Company were filed on 07/10/2015 and assigned Florida document number L15000119085 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 "LLC." 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) (ر: B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
P	STEVEN COHEN	140 NORTH FEDERAL HIGHWAY SUITE 200	■ Add
		BOCA RATON, FL 33432	_
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tive date, if other than the da	te of filing:	(optional)
	specific and cannot be prior to date of filing or n does not meet the applicable statutory filin	
ment's effective date on the Depa		6 - 1
ecord specifies a delayed e e 90th day after the record	fective date, but not an effective in the filed.	time, at 12:01 a.m. on the earlier
DECEMBER 6	. 2018	
\mathcal{D}	nature of a member or authorized representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00