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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : BENNARDO LEVINE LLP
Account Number : I20130000096
Phone : (561)392-8074
Fax Number : (561)368-6478

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LJCOHEN@BENNARDOLEVINE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
851 AURELIA, LLC**

Certificate of Status	0
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2016 APR 21 AM 10:23
2016 APR 21 A 10:16
ALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

APR 22 2016
J. BRUCE

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

851 AURELIA, 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 02/01/2016 and assigned Florida document number L1600022051

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 "L.L.C."

Enter new principal offices address, if applicable:

137 E. Palmetto Park Rd.

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33432

Enter new mailing address, if applicable:

137 E. Palmetto Park Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33432

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:

137 E. Palmetto Park Rd.

Enter Florida street address

Boca Raton

City

Florida

33432

Zip Code

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

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TALLAHASSEE, FLORIDA

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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>	<u>Type of Action</u>
MGR	Tamara Jovic	137 E. Palmetto Park Rd.	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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