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(Document Number)	10/24/15
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	Registration So Division of Cor			
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SUBJEC	T:	Name of Lim	ated Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Jennifer Haime		
		-	Name of Person	
		George D. Perlman PA		
			Firm/Company	
		1441 Brickell Avenue Ste	14(X)	
			Address	
		Miami, Florida 33131		
		corporatefilings@gplawintl	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For furthe	er information c	oncerning this matter, please co	all:	
Jennifer I	Haime		305 374-5646 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	he following amount:		
□ \$25.0°	0 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

HONEYCREEPER 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 May 27, 2016 and assigned Florida document number L16000103967 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3833 Peachtree LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

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
MGR	Hillel Waxman	1441 Brickell Avenue Ste 1400 Miami, Florida 33131	Add
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ffective date, if other than the date of filing: October 23, 2019 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695,020 other; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The effective date of the date of the date of the date of the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The effective time, at 12:01 a.m. on the earlier of the good of the date		
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The 90th day after the record is filed. and Cchiper 23		
Leer.		
Signature of a tuember or authorized representative of a member	ated _	October 23 . 2019.
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		Signature of A member or authorized corresponding of a mouther

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Filing Fee: \$25.00