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SECRETARY OF STATE ON OF CORPORATIONS

N COOPER MAY 11 2018

COVER LETTER

Division of Cor	rporations		
metro Plan SUBJECT:	et Melbourne, LLC		
50bbc1	Name of Lim	ited 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:	
	Zohar Rossian		
		Name of Person	
	Metro Planet Melbourne	LLC	
		Firm/Company	
	3040 N.E. 208 st		
		Address	
	Aventura, FL 33180		
		City/State and Zip Code	
	metroplanet@gmail.com	to be used for future annual report notific	
For further information c	oncerning this matter, please co	-	eacion)
Zohar Rossian		754 423-2596	
Name o	f Person	at ()	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro Planet Melbourne,, LLC	al Labilia Comm		
(Name of the Limit	(A Florida Limited	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number $\frac{1.16000118274}{1.16000118274}$	iability Company	were filed on 06/22/2016	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	uility company here:	
enter the new name of		mey company nere.	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		914is
(Principal office address MUST BE A STREET ADDRESS)		3040 N.E. 208 st	HA.
		Aventura, FL 33180	- CFA
			CORP
Enter new mailing address, if applicable:			POR POR
(Mailing address MAY BE A POST OFFICE BOX)	3040 N.E. 208 st	And And	
		Aventura, FL 33180	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			enter the name of the ne
New Registered Office Address:	3040 N.E. 208		
		Enter Florida street address	
	Aventura	, Floric	da <u>33180</u>
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re- company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, and l provided for in Chapter 605, F.S	am familiar with and S. Or, if this document is
	1662		
	11 Chai	nging Registered (gent, <u>Signature of N</u>	ew 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
AMBR	Oren Winer	5973 S.University DR	
		Davie, FL 33328	
		 	Change
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	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier α 90th day after the record is filed.
	5/2/2018
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Page 3 of 3

Filing Fee: \$25.00