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COVER LETTER

TO: Re	gistration Secti vision of Corpo	rations	; 4 .	i		
SUBJECT:	106 N. Albany		e ited Liability Company	į.	· ·	
The enclose	ed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please retur	n all conrespond	lence concerning this matter	to the following:			
		Anthony C. Soviero				
			Name of Person			
			Fim/Company			
		1025 West Indiantown Ro	ad Suite 106			
			Address			
		Jupiter, FL 33458				二 严约
		tony@soviem.net	City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·	E8 2
		E-mail address: (to be used for future annual re	port notification)	る。原
For further	information con	cerning this matter, piease c	all:			39
Anthony C	. Soviero		561 278-	-0098		8: 04
	Name of P	erson	Area Code	Daytime Telep	hone Number	8: 04
Enclosed is	a check for the	following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filling Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2561 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

106 N. Albany, LLC		
(Nome of the Limited Liability Connency (A Florida Lamited Lia	in it now appears on our reco builty Company)	Pros.)
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lunited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST RE A STREET ADDRESS)		
Enter new mailing address, if applicable:		FEB 15
(Mailing address MAY BE A POST OFFICE B()X)		rds, enter the name of the new
B. If amending the registered agent and/or registered office address here:	ce address on our reco	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st ree t add	Ires
	City	Florida
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 mevely 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>N:ume</u>	Address	Type of Action
AMBR/N	Anthony C. Soviero	1025 West Indiantown Road, Suite	□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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			□ Remove
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D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if ne	ecessary.)
		D
		
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Note: If the date inserted in th	the date of filing: (op must be specific and carnot be prior to date of filing or more than 90 days af is block does not meet the applicable statutory filing requirements, the Department of State's records.	otional) fler filing.) Pursuant to 605.0207 (3)(b)
f the record specifies a dela b) The 90th day after the	ayed effective date, but not an effective time, at 12:01 record is filed.	La.m. on the earlier of:
January 12, Dated	2017	
	Signature of a rings bear of authorized representative of a member	
Daniel Blake Sovie		
***************************************	Typed or pruited name of signee	

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Filing Fee: \$25.00