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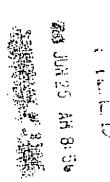
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| Special Instructions to Fili | ng Officer: | |
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COVER LETTER

| | Registration Se Division of Co | | | \$ |
|------------|-----------------------------------|---|---|--|
| SUBJEC | | 8 Avenue LLC | | |
| SOBJEC | 1. | Name of Lin | nited Liability Company | |
| The enclo | sed Articles of | Amendment and fee(s) are sul | omitted for filing. | ر علاقه فور الرابع الرابع |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | |
| | | Scott Marcus | | |
| | | Becker & Poliakoff, P.A. | Name of Person | |
| | | | Firm/Company | |
| | | 1 E. Broward Boulevard, | Suite 1800 | |
| | | Fort Lauderdale, FL 3330 | Address | |
| | | smarcus@beckerlawyers.co | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furthe | r information c | oncerning this matter, please c | all: | |
| Scott Ma | rcus | | 954 364-6045 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed i | s a check for th | ne following amount: | | |
| マ \$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 radditional 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**

| | DRGANIZATION (No. 1) |
|--|--|
| |)F |
| 6070 W 18 Avenue LLC | |
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | (inv as it now appears on our records.) |
| THE PROPERTY OF THE PROPERTY O | |
| The Articles of Organization for this Limited Liability Company | were filed on October 2, 2018 and assigned |
| Florida document number L18000232113 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liah | ility company horas |
| The state of the little of the little of the little of the | mry company neve. |
| The new name must be distinguishable and contain the words "Limited Liabi | hity Company," the designation "LLC" or the abbreviation "LLC" |
| Enter new principal offices address, if applicable: | 3601 S.W. 160th Avenue |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 320 |
| | Miramar, FL 33027 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | ffice address on our records, enter the name of the new |
| registered agent and/or the new registered office address her- | <u>e</u> : |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | 12 12 14 |
| | Enter Florida street address |
| | , Florida |
| New Designated Agent's Signature if shousing Designature Agent | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete | |
| accept the obligations of my position as registered agent as p | 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. | |

Page 1 of 3

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 Title Name. <u>Address</u> Type of Action _□ Add _____ Change _□ Remove _____ Change _□ Add _□ Remove _____ □ Change □ Add _____ Change _□ Add ☐ Change _D Add _□ Remove _□ Change

| _ | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| 2.40.40 | date, if other than the date of filing: |
| he record The 90 | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o th day after the record is filed. |
| Dated | e 20 2019 |
| | Signature of a member or authorized representative of a monther |
| | Scott Marcus |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00