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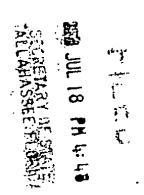
		
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COVER LETTER

The state of the s **Division of Corporations** 11850 SW 212 Street LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Marcus, Esq. Name of Person Becker & Poliakoff P.A. Firm/Company 1 East Broward Blvd., Suite 1800 Address Fort Lauderdale, FL 33301 City/State and Zip Code smarcus@beckerlawyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Marcus, Esq. 987-7550 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	DRGANIZATION 👸 🖟
O	F W M
11850 SW 212 Street LLC	752
(Name of the Limited Liability Compa (A Florida Limited)	Iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on October 2, 2018 and assigned.
Florida document number L18000232136	<u>ත්</u> ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6931 S.W. 159th Place
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl. 33193
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
THE BOXY	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, Florida
	City 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 ti 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being at or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membei

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
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Effective date, if other than the date of filing: [In 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 605,020. [Anset of the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as discurrent's effective date on the Department of State's records. The 90th day after the record is filed. [Signature of a member or authorized representative of a member Scott Marcus.]					
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Filing Fee: \$25.00