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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

2526 N.E. 191 ST. LLC

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:

Alan J. Marcus, Esq.

Name of Person

Alan J. Marcus

Firm/Company

20803 Biscayne Boulevard, Suite 301

Address

Aventura, FL 33180

City/State and Zip Code

alan@alanjmarcus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan J. Marcus, Esq.

ູ 305 937-1800

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

2526 N.E. 191 ST. 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 L. Florida document number L02000033945 | iability Company were filed on 12 | /17/2002 | _ and assigned | |
|--|--|--|------------------------------------|--|
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | f the limited liability company he | <u>re</u> : | | |
| The new name must be distinguishable and end wit "L.L.C." | th the words "Limited Liability Comp | any," the designation "LL(| C" or the abbreviation | |
| Enter new principal offices address, if applic | eable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | <u> </u> | |
| | | 之产 | | |
| Enter new mailing address, if applicable: | | ASS SS | . w ! | |
| (Mailing address MAY BE A POST OFFICE | | -0 1 | | |
| Muning address MAT BE A FOST OFFICE | <u> </u> | | | |
| | | | | |
| 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 of | | our records, enter the | manie or the new | |
| | | | | |
| Name of New Registered Agent: | Alan J. Marcus, Esq. | | | |
| New Registered Office Address: | 20803 Biscayne Boulevard, Suite 301 | | | |
| New Registered Office Address. | Enter Florida street address | | | |
| | Aventura, Florida 33180 | | | |
| | City | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing l | Registered Agent: | | - | |
| I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this | ed agent and agree to act in this of proper and complete performance istered agent as provided for in C registered office address, I very | e of my duties, and I am Chapter 108, F.S. Or, if | familiar with and this document is | |

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Title <u>Name</u> <u>Address</u> **Type of Action** Remove Remove Remove Remove Remove Remove

| D. If amending any ot | er information, enter c | ange(s) here: (Attach add | itional sheets, if necessary.) |
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Filing Fee: \$25.00

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