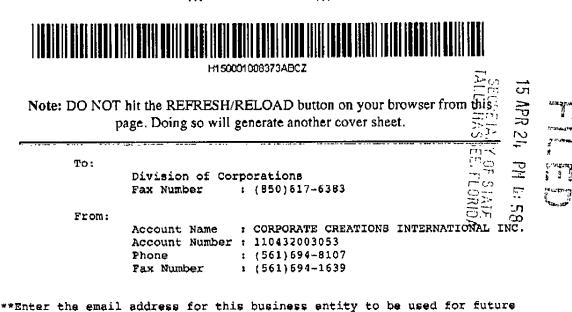
## Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2195 REAL ESTATE TRUST LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2195 REAL ESTATE TRUST LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now annears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 1.15000065670	were filed on 04/15/2015	and assigned
This amendment is submitted to amend the following:		TALLA
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2223 OAK ST, SUITE 711	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32204	07.5 co
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2223 OAK ST, SUITH 711 Jacksonville, FL 32204	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florids	
	City	Zip Cnde

## 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 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	er the title, name, and address of each person b	eing added
or removed from our records:		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Lenen E. Hernandez	2223 OAK ST, SUITE 711	Add
		Jacksonville, FL 32204	Remove
			☐ Change
AMBR	Amhur Hernandez	2223 OAK ST, SUITE 711	Add
		Jacksonville, FL 32204	□ Remove
			☐ Change
AMBR	Anganette Gissella Flores	2223 OAK ST. SUITE 71)	<u> </u>
		Jacksonville, FL 32204	D Remove
			Change:
MGR	Lenen E. Hernandez	2223 OAK ST, SUITE 711	Changes L. Son Middle S.
		Jackson ville, FL 32204	Remove
			■ Change
			🗖 Add
			□ Remove
			☐ Change
			D Add
			□ Remove
			□ Change

D.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		Sec. 22	Charlestons
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		<del></del>	
(If an et <u>Note:</u>	tive date, if other than the date of filing:  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.	rsugnit to 605,0207 not be listed as t	(3)(b) the
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a 90th day after the record is filed.	the earlier of	:
Dated	April 24th 2015		
	Signature of a member of duthorized representative of a member	<del></del>	
	Kathleen A. Lange, Attorney-in-Fact		
	Typed or printed name of signee	***************************************	

Page 3 of 3

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