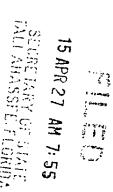
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Office Use Only



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04/27/15--01009--010 **25.00



COVER LETTER

Division of Corporations ,
SUBJECT: ///39 NW 46 DR LL C 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:
MEYER MINYAW Name of Person
MINYAN HOLDINGS LLC Firm/Company
2974 GRIFFIN RD # 6.
FT LAUDERDALE I-L 33312 City/State and Zip Code MEVER MINYAN @ GHALL. COM
MEYER MINYAN @ GHAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MEYER MINYAW at (786) 417-6935 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status

TO: Registration Section

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

///39 NW46 DR LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number 4/0600/92567	were filed on ScP 0	2, 2010	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab. MINYAN HOLD INGS LLC	· · ·		
he new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)			<u>5</u>
		17.77 17.77 17.74	APR
		S 3	J harm
Inter new mailing address, if applicable:		77.50 17.50	
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · ·	<u> </u>	7
raning duaress may be a 1 051 0111CL BOA		<u> </u>	Çi
		<u> </u>	<u>ന</u>
B. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		ecords, <u>enter the</u>	name of the n
Name of New Registered Agent:			
New Registered Office Address:	Parametrial de la constitución d	d.t	· · · · · ·
	Enter Florida street	aaaress	
		, 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = N $AMBR = A$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			<u>.</u>
			□ Remove
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Effect	ive date, if other than the date of filing:	(optional)
the dat	this document is filed by the Florida Department of State)	han 90 days aner
		nan 90 days after
the dat	this document is filed by the Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE OF STATE