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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SEGRETARY OF STATE
TALLAHASSEE FLORID.

MAR 29 2016 J SHIVERS

COVER LETTER

TO: Registration Solution of Con							
SUBJECT:	PIECT: A350 Garibaldi Ave, LLC						
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.					
Please return all correspondent	ondence concerning this matter t	to the following:					
	Nir Leibel						
		Name of Person					
	Leibel Investments Group,	LLC					
Firm/Company							
	840 Edgewood Ave S, ste 2	205					
		Address					
	Jacksonville 32605						
		City/State and Zip Code					
	_						
			cation)				
For further information of	concerning this matter, please ca	ıll:					
Nir Leibel		281 8860895					
Name o	of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for t	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

4350 Garibaldi Ave, LLC							
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited I Florida document number L15000211441	Liability Company	were filed on December 22, 2015	and assigned				
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liah	ility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		840 Edgewood Ave S, ste 205	<u> </u>				
		Jacksonville, FL, 32205					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		840 Edgewood Ave S, ste 205 Jacksonville, FL, 32205					
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		<u>e</u> :	ter the name of the no				
New Registered Office Address.		Enter Florida street address	700				
	Jacksonville	, Florida	32205				
Now Donistared Agent's Signature, if changing		City	Sin Code				

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective dat Note: If the date	e, if other than the date is listed, the date must be ate inserted in this block fective date on the Department.	e specific and k does not n	cannot be price	cable statutor	ng or more than	(option 90 days after frements, this	iling.) Pursu	ant to 60 ot be lis	05.020 sted as
	pecifies a delayed e day after the recor		ate, but n	ot an effec	tive time, a	at 12:01 a.	m. on th	e earl	lier o
Dated Feb 29			2016						
Daicu		'	9	<u> </u>					
Dated			12	ľ	entative of a me				

Page 3 of 3

Filing Fee: \$25.00