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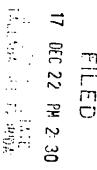
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COVER LETTER

TO:	Registration Sec Division of Corp			
SHRIFA	23901 LLC			
301372	~!·	Name of Lim	ited Liability Company	
The encl	osed Articles of A	imendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Denis K. Solano, Trustee		
			Name of Person	
		23901 LLC		
			Firm/Company	
		950 NW 22nd Avenue		
			Address	
		Miami, Florida 33125		
			City/State and Zip Code	<u> </u>
		denissolano@solverstructur		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	ncerning this matter, please ca	all:	
Denis K	. Solano, Trustee		305 643-8699 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
□ \$25.i	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)

TO:

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

23901 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records Liability Company))
he Articles of Organization for this Limited Liability Company	were filed on 12/08/2017	and assigned
orida document number 1.17000251643		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		.3"
Mailing address MAY BE A POST OFFICE BOX)		10 N N
		* O
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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
MGR	Brothers of Florida Holding Corp.	950 NW 22nd Avenue	≅ Add
		Miami, Florida 33125	□ Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
		water the state of	
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
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			Remove
			🗀 Change

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ffective date, if oth an effective date is liste	ier than the date o	of filing:	rior to date of tiling	or more than OA A	_ (optional)	Dummant to 605 (
ote: If the date inser	rted in this block doe	es not meet the app	olicable statutory	filing requireme	nts, this date w	fill not be listed
ocument's effective of	late on the Departme	ent of State's recoi	ds.			
e record specifies The 90th day aft			not an effecti	ve time, at 1	2:01 a.m. o	n the earlie
The Sour day on	ter the record is	med.				
December 18		2017				
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			> /\			
	Signatu	ire of a member or a	uthorized represent	tative of a member		
	Signatu olano, Trustee	re of a member or a	uthorized represen	sative of a member		

Page 3 of 3

Filing Fee: \$25.00