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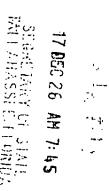
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COVER LETTER

Division of Corp						
SUBJECT:	4004 Name of Limi	Collins L ited Liability Company	<u>.LC</u>			
		on the same of the				
	Amendment and fee(s) are subi					
Please return all correspon	ndence concerning this matter	to the following:				
	PATRICIA ACOSTA					
		Name of Person				
	4004 COLLINS LLC					
		Firm/Company				
	290 NW 165TH STREET SUITE PH5A					
		Address				
	MIAMIFL 33169					
		City/State and Zip Code				
		@TEAMREMANAGEMENT.COM o be used for future annual report notificat	ion)			
For further information co	oncerning this matter, please ca	·	,			
PATRICIA ACOSTA		305 454 0915 X 201				
Name of	Person	at ()	elephone Number			
Enclosed is a check for th	e 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

4004 COLLINS 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 Liability Company were filed on JANUARY 11, 2013 and assigned Florida document number L13000005943 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida Cirr

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	VALERIA SEMINARA	290 NW 165th Street, Suite PH5A	= Add
		MIAMI, FL 33169	Remove
			Change
			Add
			Remove
			Change
			Add
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in effective c		es not meet the applicable statutory filing requirem	ents, this date will not be listed as
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m effective c ote: If the		ent of State's records.	
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e record s The 90th	effective date on the Departments specifies a delayed effect in day after the record is EMBER 20 Signature	ctive date, but not an effective time, at filed. 2017 The contract of a member or authorized representative of a member of a	17 BEC 2