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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | k Registration Se Division of Co | | | |
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| .' | | D AVE, LLC | ₩ | |
| SUBJE | cci: | Name of Lim | ited Liability Company | |
| | | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | CARMELO GIGLIO | | |
| | | | Name of Person | |
| | | 8375 93RD AVE, LLC | | |
| Firm/Company 1520 10TH AVENUE NORTH SUITE B Address | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | City/State and Zip Code | |
| | | CARMELO.GIGLIO.PE@ | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For fur | ther information of | concerning this matter, please c | all: | |
| CARM | MELO GIGLIO | | 561 582-1733 | |
| | Name o | of Person | | Telephone Number |
| Enclose | ed is a check for the | he following amount: | | |
| S \$2: | 5.00 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

| 18 | FILED | |
|--------|-----------------|---|
| SECR | MAR -9 AM 10: 2 | 7 |
| V. [4] | VASSEE STATE | r |

8375 93RD AVE, LLC

company has been notified in writing of this change.

(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 MARCH, 5, 2018 | and assigned |
|--|---|-----------------------|
| Florida document number L09000027748 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| 8735 93RD AVE, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | ty 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: | 1203 NORTH DIXIE HIGHWAY | |
| (Mailing address MAY BE A POST OFFICE BOX) | LAKE WORTH FL 33460 | |
| | | |
| | | |
| B. If amending the registered agent and/or registered of | | r the name of the nev |
| registered agent and/or the new registered office address here | • | |
| Name of Nov. Posistand Agents | | |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Florida street address | |
| | , Florida _ | Zip Code |
| | City | z.ip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete | | |

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

| MGR = Manager AMBR = Authorized Member | | | FILED |
|--|-------------|-------------|--|
| <u>Title</u> | <u>Name</u> | Address | FILED 18 MAR -9 AM 10: Type of Action SECRETARY OF STATE Add |
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| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed. | er of: |
| Dated | 1 MATZCH 5 , 2018. | |
| | Signature of a member or authorized representative of a member | |
| | CARMEN GIGUD | |

Page 3 of 3

Filing Fee: \$25.00