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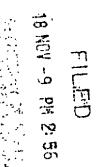


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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	318 OV LL0	C				
S(·Bone · ·		Name of Limit	ted Liability Company			
The enclosed	d Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please returi	all correspor	ndence concerning this matter t	to the following:			
		Mendy Lieberman, Esq.				
			Name of Person			
		The Lieberman Law Firm,	P.A.			
Firm/Company						
20801 Biscayne Blvd., Suite 304						
			Address	-		
		Miami, Florida 33180				
		City/State and Zip Code				
		mlieberman@sflatty.com		V		
		E-mail address: (t	o be used for future annual report notifi	cation)		
For further i	nformation ec	oncerning this matter, please ca	ill:			
Mendy Lieb	perman		305 912-7789			
	Name of	Person	at () Area CodeDaytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
⊠ \$25,00 I	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:

TO:

Registration Section

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

318 OV LLC					
(<u>Name of the Limited Liz</u> (A Fk	ability Compa orida Limited I	ny as it now appears on our rec liability Company)	cords.)		
The Articles of Organization for this Limited Liability Florida document number L18000129627	ty Company	were filed on 5/23/2018	a	nd assigne	ď
his amendment is submitted to amend the following	g:				
. If amending name, enter the new name of the	limited <u>liab</u> i	ility company here:			
he new name must be distinguishable and contain the words	Limited Liabil	lity Company." the designation "	LLC" or the abbreviat	ion "L.L.C."	
nter new principal offices address, if applicable:	:	20801 BISCAYNE BLVD	ر الله الله الله الله الله الله الله الل	.: <u></u>	
Principal office uddress MUST BE A STREET AL		STE 304	5 (n) 5 (2)	NO.	
	•	AVENTURA, FL 33180	2.3	- p -	<u>-</u>
nter new mailing address, if applicable:		20801 BISCAYNE BLVD		-p [9 5
Mailing address MAY BE A POST OFFICE BOX	2	STE 304		ப் 	
		AVENTURA, FL 33180	ئ ي 		
3. If amending the registered agent and/or registered agent and/or the new registered office and agent and/or the new registered office and agent and/or the new registered Agent:	address her		ords, enter the r	name of t	the n
New President of Control Address 20	0801 BISCAY	YNE BLVD, STE 304			
New Registered Office Address:		Enter Florida street ac	ldress	<u></u>	
A	VENTURA,		, Florida <u>33180</u>		
- -	· · ·	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.

f 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	Mendy Lieberman, Esq.	20801 Biscayne Blvd., Suite 304, Miami, Florida 33180	_ ∃ Add
			□ Remove
			Change
Ambr	Mendy Lieberman	20801 Biscayne Blvd., Suite 304, Miami, Florida 33180	
			Remove
			Change
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			☐ Remove
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flective date if other than the	date of filing:			(ontional)	
ffective date, if other than the 'an effective date is listed, the date mustoe: If the date inserted in this blocument's effective date on the D	ock does not meet th	ie applicable stati	filing or more than utory filing require	00 days after filing.) Purements, this date will	suant to 605,0207 (, not be listed as th
e record specifies a delayed The 90th day after the rec		but not an ef	fective time, a	t 12:01 a.m. on t	he earlier of:
November 5	20	18			
On. In	<u> </u>	·			
	1/1	er or authorized rep			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00