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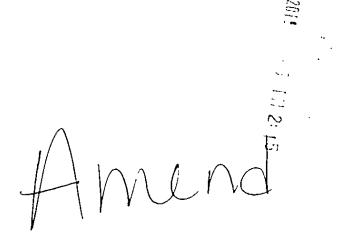
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COVER LETTER

Division of Cor	porations		
360 EAST SUBJECT:	DRIVE, LLC		
30031.C.1.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bibi Ruiz		
		Name of Person	
	Bryn & Associates		
		Firm Company	-
	2 South Biscayne Blvd, Sui	ite 2600	
		Address	
	Miami, FL 33131		
	bibi@markbryn.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	eation)
For further information co	oncerning this matter, please ca	11:	
Bibi Ruiz		305 374-0501	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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:

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 EAST DRIVE, LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L17000216427	ompany were filed on 10/19 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20 B
		S. :
 If amending the registered agent and/or registered agent and/or the new registered office address. 		enter the name of the \sim
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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	BISCAYNE MANAGER, LLC	2 South Biscayne Blvd, Suite 2600 Miami, FL 33131	∃ Add
			Remove
	A Cooks Domon		Change
MGR	Mark Bryn	2 South Discours Dlvd Suita 2680	Add
		2 South Biscayne Blvd, Suite 2680 Miami, FL 33131	■ Remove
			Change
			Remove
			Change
			
			Remove
			Change
			Remove
		-	Change
			□ Add
			Remove
			☐ Change

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		-		
E. Effective date, if oth	er than the date of fil	ling:	(0	optional)
Note: If the date inser		ot meet the applicable sta		after (iling.) Pursuant to 605.0207 (3 , this date will not be listed as th
f the record specifies b) The 90th day aft			ffective time, at 12:0)1 a.m. on the earlier of:
October 15 Dated		2019		
Dated	1			
	7/1//		presentative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00