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SUBJEC	;T:	Name of Lim	ited Liability Company	70				
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		James M. Balistreri						
			Name of Person					
			Firm/Company					
Please returned For further James M.		1350 N. Federal Highway						
	Address							
		Pompano Beach, FL 33062						
		jim@balistreri.com	City/State and Zip Code					
		É-mail address: (to be used for future annual report not	ification)				
For furth	er information c	oncerning this matter, please ca	all:					
James M	1. Balistreri		754 235-7012 at ()					
	Name o	f Person	Area Code Daytir	ne Telephone Number				
Enclosed	Lis a check for t	he 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 Addres Registration		Street Address: Registration S	ection				
	Registration	occion .	Negistration 5					

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1350 PROPERTIES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 1.19000303520 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 "L.L.C," 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

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.

City

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>	<u>Address</u>	Type of Action
AMBR	Joseph E. Balistreri	1350 N. Federal Highway	□Add
		Pompano Beach, FL 33062	□Remove
			■ Change
AMBR	James M. Balistreri	1350 N. Federal Highway	□Add
		Pompano Beach, Ft. 33062	□Remove
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cord specifi s filed.	es a delayed efi	fective date, but i	not an effective	time, at 12:01 a.	m. on the earlie	er of: (b) The	90th day after th
Decembed	per 23) Mi	2019	 /			
		/ ///	1 11.110	1			
		Signature of	a member or aut	norged representa	tive of a member		

Filing Fee: \$25.00