L00000013650

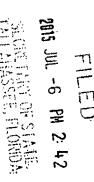
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COVER LETTER

	Registration Sec Division of Corp					
SUBJEC		Vay, L.C.				
SUBJEC	••	Name of Lim	ited Liability Company			
The enclo	osed Articles of A	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Jay Eisenberg				
Please ret	urn all correspor	ndence concerning this matter	Name of Limited Liability Company Indiment and fee(s) are submitted for filing. ce concerning this matter to the following: ay Eisenberg Name of Person The Eisenberg Group Firm/Company 1613 N. University Drive - #411 Address Coral Springs, FL 33067 City/State and Zip Code y@eisenbergholdings.com E-mail address: (to be used for future annual report notification) rning this matter, please call: at (954 / Area Code) Daytime Telephone Number			
		Jay Eisenberg				
		The Eisenberg Group				
		4613 N. University Drive -	- #411			
		Address				
		Coral Springs, FL 33067				
				eation)		
For furthe	er information co	oncerning this matter, please ca	all:			
Jay Eisen	berg					
Name of Person		Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 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

COVER LETTER

Registration Section

TO:

Divisio	on of Corp	porations		
N N	.W. 28th V	Way, L.C.		
SUBJECT:		Name of Lim	ited Liability Company	
			<u>-</u>	
riease return ai	i correspor	idence concerning this matter	to the following:	
		Jay Eisenberg		
			Name of Person	
		The Eisenberg Group		pany Signal Sig
			Name of Person The Eisenberg Group Firm/Company 13 N. University Drive - #411 Address Total Springs, FL 33067 City/State and Zip Code Geisenbergholdings.com E-mail address: (to be used for future annual report notification) ing this matter, please call: The proof of t	
	Firm/Company 4613 N. University Drive - #411 Address			
			Address	
		Coral Springs, FL 33067		
		isu@sisanbarahaldings.sar	•	
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For further info	rmation co	oncerning this matter, please ca	all:	
Jay Eisenberg				
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a cl	neck for the	e following amount:		
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
	Registra Divisior P.O. Bo	NG ADDRESS: tition Section to of Corporations x 6327 ssee, FL 32314		n rations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2015 JUL -6 PH 2: 42

SHORETARY OF STATE TALL AHASSEE, FLORIDA

N.W. 28th Way, L.C.		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L00000013650	npany were filed on November 7, 2000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning undress MAT BE A FOST OFFICE BOA		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the
Name of New Registered Agent:		
• • • • • • • • • • • • • • • • • • •		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address, Florida	Zip Code

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
MGRM	Jay Eisenberg	4613 N. University Drive - #411	Add
		Coral Springs, FL 33067	■ Remove
			Change
MGR	Jay Eisenberg	4613 N. University Drive - #411	Add
		Coral Springs, FL 33067	□ Remove
			Change
MGR	Scott Eisenberg	4613 N. University Drive - #411	■ Add
		Coral Springs, FL 33067	□ Remove
			□ Change
			Add
			Remove
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			- dot b	not an effective	e time at 12·01	a.m. on the earlie	er of:
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