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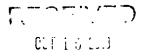
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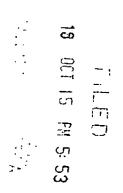
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COVER LETTER

TO:

Registration Section

Divis	ion of Corp	porations			
	951 BRAN	IDYWINE, LLC			
SUBJECT: _		Name of Lim	ited Liability Company		·.
The enclosed ;	\rticles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspor	ndence concerning this matter	to the following:		
		CORY S. CARANO, ESQ	ı.		
			Name of Person		
		KELLEY & GRANT, P.A			
			Firm/Company		
		370 CAMINO GARDENS	SBLVD, STE. 301		
		· 	Address		
		BOCA RATON, FL 3343.	2		
			City/State and Zip Cod	e	
		CORY@KELLEYGRANT			
			to be used for finure aimu	il report notification	1)
For further info	ormation co	oncerning this matter, please ca	all:		
CORY S. CARANO		561 ó at ()	72-1161		
	Name of	Person	Area Code	Daytime Telep	phone Number
Enclosed is a c	heck for the	e following amount:			
≅ ∕\$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is o		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	Registri Divisio Clifton 2661 E:	ET/COURIER A ation Section n of Corporations Building Secutive Center C ssee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1951 BRANDYWINE, LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records)
The Articles of Organization for this Limited 1		03/21/2003 and assigned
Torida document number 81-0632007	·	
his amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	ঠ
		·· ··
		— i
Inter new mailing address, if applicable:		O m
Mailing address MAY BE A POST OFFICE	= = = = = = = = = = = = = = = = = = =	
		
	 	:
 If amending the registered agent and egistered agent and/or the new registered of 	Mor registered office address of office address here:	on our records, <u>enter the name of the</u>
Name of New Registered Agent:	KELLEY & GRANT, P.A.	
New Registered Office Address:	370 CAMINO GARDENS BLA	/D, STE, 101
***************************************	Enter F	lorīdu street address
	BOCA RATON	Florida <u>33432</u>
	Cny	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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name | Address Type of Acti _□ Add _□ Remove _□ Change □ Add _□ Remove _□ Change Add Remove Change ! □ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add □ Remove

_□ Change

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et:	PTEMBER 2	12 - 3 73 t O			
Iffective date, if other than the date of filing: 'an effective date is listed, the date imist be specific and canno Note: If the date inserted in this block does not meet the locument's effective date on the Department of State's	ot be prior to dat he applicable :	te of filing or more	(opti than 90 days after quirements, thi	filling.) Pursua	nt to 605.0207 t be listed as
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an	effective time	e, at 12:01 a	a.m. on the	e earlier of
ated SEPTEMBER 26 201	18				
7000					
Signature of a member	er of authorized	representative of a	member		
,					

Page 3 of 3

Filing Fee: \$25.00