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SECRETARY OF STATE

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D. BRUCE. MAY 26 2017

' COVER LETTER

Division of Corporations
SUBJECT: Carefree 5Th Street LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gary Marotta Name of Person Care Free 5th Street LLC Firm/Company 1031 5th St Miami Beach FC
Address
33139
City/State and Zip Code
For further information concerning this matter, please call:
For further information concerning this matter, please call: Cary Marotta at (305) 522-5185 Pos Name of Person Area Code Daytime Telephone Number 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

Care free	5th Street LLC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number	• •
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET /	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records, enter the name of the new e address here:
-	

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> Address **Type of Action Name** David Joseph Marotta 11705 Ne 9th AVR DAdd Biscayne Park FL33161 Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

									
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(If an et Note:	tive date, if other the ffective date is listed, the If the date inserted in ment's effective date of	date must be specific this block does n	and cannot be of meet the a	pplicable stati	filing or more th	an 90 days aft	tional) er filing.) P nis date wi	ursuant to Il not be	605.0207 (3 listed as th
	cord specifies a d e 90th day after t			t not an eff	fective time	at 12:01	a.m. or	the ea	rlier of:
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Page 3 of 3

Filing Fee: \$25.00