# 14660000507

1		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(0.0	,, - 13(0) <u> </u>	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		
L		





100279391061



12/14/15--01005--023 \*\*75.00



DEC 1 5 2015

**3 MASON** 

### **COVER LETTER** ,

TO: Registration Section  Division of Corporations
SUBJECT: 320 Lincoln LLC Name of Limited Liability Company
enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
The Almdeff Low Group, P.L.
11900 Biscayne Blvd #289
Miam1, FL 33181
Natasha & Alhaduf How. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 618-9703  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

320 Lincoln 1	<u> </u>	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	records.)
The Articles of Organization for this Limited Liability Company prida document number <u>L05 0000 2 394</u> 6	were filed on $03/0$	9/2005 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	820 Art Mami Be Ind P	hur Godfrey Ro cach, FL 33140 loor
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	820 Arth 2nd f Miami F	ur Godfre y Mc Beach, FL 33140
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

If Changing Registered Agent, Signature of New 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 Lam familiar-with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, of 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.

			,								
			_								
											<del> </del>
<del></del>		<del></del>					<del></del> -		· <del>-</del> ·		
<del></del>		<del>.</del>									
	_										
											<del>_</del>
				-							
					<u> </u>						
						···-	<del></del>				
_									2011 2		
											<del></del>
	te, if other ate is listed, t					or to date of	filing or mo	re than 90	(optior		suant to 605.0
e: If the	date inserted ffective date	d in this bl	ock does 1	not meet	the appli	cable stat	utory filing	requirem	ents, this o	date will	not be listed
			• p • · · · · · · · · · ·	. 01 5	5 100010	<b>.</b>					
record s	pecifies a	delayed	d effectiv	ve date	e, but n	ot an ef	fective ti	me, at 1	l2:01 a.	m. on t	he earlier:
he 90th	day after	the rec	ord is fil	led.							
	cem	her	- 11		201	5					
cu <u>(12 )</u>	_ ( () (	<u>, , , , , , , , , , , , , , , , , , , </u>		1/1/	1 //	T). /				2915	CONTRACT OF THE PARTY OF THE PA
_									7 7 7 7	, C	
			Signature	of a mem	iber o√a <del>t</del> ri	horized rep	resentative	of a membe	A COSET OF		3
		N A	ark	1_	$\Delta \Pi$		1 - ()	()	. Tic	ס ה	m

Page 3 of 3

Filing Fee: \$25.00