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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 320 Lincoln, 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:
Name of Person
The Alhadeff Law Grap, P.L
11900 Biscayne Blud, Ste289
MIAMY, FL 33181 City/State and Zip Code
May had naclefficus-Competer State and Zip Gode E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vatasha Barrien tos at (786) 618-9703 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ 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

Name of the Limited Lin	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liability	_ 1 1	05	_ and ass	signed
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	:	the abbrev	viation "L.	L.C."
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	0			
B. If amending the registered agent and/or registered agent and/or the new registered office a		nter the	name	of the new
Name of New Registered Agent:		AHAS	35 35	
New Registered Office Address:	Enter Florida street address	SE TO	21 0	
	, Florid:		20-101 p	()
	City	خز(معاری	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 being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Address Type of Action Name** Galbut, Javed 3050 Biscayne blvd add Menin, Keith 3050 Biscayne Blvd - Add

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Filing Fee: \$25.00