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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	54FL.1 LLC			
SUBJECT:		Name of Limit	ted Liability Company	-
The enclosed	d Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		Gil Sternbach		
			Name of Person	
		Leverage Corporate Stra	tegy	
Firm/Company				
	4935 Kensington Circle			
			Address	
		Coral Springs, FL 33076		
			City/State and Zip Code	
		Gil.Sternbach@Leverage@		
		E-mail address: (to	o be used for future annual report notific	cation)
For further is	nformation con	cerning this matter, please ca	dt:	
Gil Sternbach			954 263-6336 at () Area Code Daytime	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	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:

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

54FL.1 LLC				
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited I	_ and assigned			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company	here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbrevia	ation "L.L.	C."
Enter new principal offices address, if appli	cable:			<u>g</u>
(Principal office address MUST BE A STRE	ET ADDRESS)		∞ 	VISI
-			A UG	RE1
			10	752F C2F
Enter new mailing address, if applicable:			2	왕유다
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(Mailing address MAY BE A POST OFFICE	<u></u>			o m
				<u>^~</u>
B. If amending the registered agent and registered agent and/or the new registered of	office address here:		name of	the ne
Name of New Registered Agent: Leverage Corporate Strategy				
New Registered Office Address:	4935 Kensington Circle			
	Enter I	Florida street address		
	Coral Springs	, Florida ³³⁰⁷⁶		
	City	Zi	ip Code	

New Registered Agent's Signature, if changing Registered Agent:

1-

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

Page 1 of 3

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
MGR	Matt Stolba	11983 Tamiami Trail N.	
		Suite 100F	■ Remove
		Naples, FL 34110	☐ Change
MGR	54FL LLC	11983 Tamiami Trail N.	Add
		Suite 100F	☐ Remove
		Naples, FL 34110	☐ Change
			Remove
			Change
			Add
			□ Remove
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n effective da <u>te:</u> If the d		ust be specific and block does not r	d cannot be prior neet the applic	able statutory f	r more than 90 days af	otional) ter filing.) Pursuant to 60 his date will not be lis	
The 90th	day after the re	cord is filed.	·		e time, at 12:01	l a.m. on the earl	lier o
ted	Ava.	7	. 201	<u>P</u> .		<i></i> 7	
						<u>/</u>	
						Per	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00