## 100000074443

(Reque	stor's Name)		
(Addres	ss)		
(Addres	ss)	-	
(City/St	ate/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Busine	ess Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filin	ng Officer:		

Office Use Only



400319826934

10/23/18--01027--022 \*\*23.00

FILED

18 OCT 23 AM 4: 30

SEPTEMBER FLORIDA

K. SALY NOV 1 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\$35.00 18 OCT 23 AH 4:30

	Notre Dame Apai		a section of
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	OPIDA
The Articles of Organization for this Limited Li Florida document numberL06000074443	iability Company	were filed on July 27, 2006	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	501 N Magnolia Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32801	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		501 N Magnolia Avenue Orlando, FL 32801	
B. If amending the registered agent and registered agent and/or the new registered o			s, enter the name of the new
Name of New Registered Agent:	Louis E. Vogt		
New Registered Office Address:	501 N Magnoli	a Avenue	
	Enter Florida street address		
	Orlando	. Flo	orida <u>32801</u>
	<u> </u>	City	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>	<u>Name</u>	Address	Type of Action
MGR	Joel L. Tabas	25 SE 2nd Avenue #248	Add
		Miami, FL 33131	■ Remove
			□ Change
MGR FL Notre Dame GP, LLC	501 N Magnolia Avenue	∃ Add	
	Orlando, FL 32801	Remove	
		Change T	
		AAB T	
		Remore 30	
		□ Add	
		Remove	
		☐ Change	
		□ Add	
		Remove	
			Change
			□ Remove
			Change

	200
	23 (
	H S S S S S S S S S S S S S S S S S S S
	· · · · · · · · · · · · · · · · · · ·
(If an e Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	October 19 2018
	D Xx & Color

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee