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SECRETARY OF STATE

## **COVER LETTER**

TO:				
SURIF		с		
30032	···	Name of Lin	nited Liability Company	
The encl	losed Articles o	of Amendment and fee(s) are sui	bmitted for filing.	
Please re	eturn all corres	pondence concerning this matter	r to the following:	
		Brett Feinstein, Esq.		
			Name of Person	<del>-</del>
	Division of Corporations  9180, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  se return all correspondence concerning this matter to the following:  Brett Feinstein, Esq.			
			Firm/Company	<del> </del>
		Name of Limited Liability Company    Solition   Company		
			Address	Person  Topany  SSS  Zip Code  Tre annual report notification)  636-8938  Code  Daytime Telephone Number  Ling Fee &
		Miami, FL 33132		
			City/State and Zip Code	
		Name of Limited Liability Company  Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:  Brett Feinstein, Esq.  Name of Person  Feinstein & Mendez, P.A.  Firm/Company  14 N.E. 1st Avenue, Suite 1109  Address  Miami, FL 33132  City/State and Zip Code  brett@fpmlawfirm.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  Person  at (		
				fication)
For furth	er information	concerning this matter, please c	all;	
Brett Fei			-1 (	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	• •	Certificate of Status & Certified Copy

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

9180, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com		and assigned
Florida document number L06000104121		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
9180 Building, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	T.S. #
		\$ <del>\text{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}}}} \end{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}}}}} \</del>
Enter new mailing address, if applicable:		SSSE Y
Mailing address MAY BE A POST OFFICE BOX)		7 <b>7</b>
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		Qm ω
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, er	iter the name of the new
	nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Mective date, if other than the date fan effective date is listed, the date must be s	pecific and cannot be	prior to date of filian	or more than 00 days - 0	ional) er filing.) Pursuant to 60	05.0207
Note: If the date inserted in this block of locument's effective date on the Depart	oes not meet the ap	pplicable statutory	filing requirements, th	is date will not be lis	sted as
e record specifies a delayed effi The 90th day after the record i	ective date, but is filed.	t not an effectiv	ve time, at 12:01	a.m. on the earl	lier of
Pated 8 30	,	FI			
$\mathcal{V}_{\bullet}$	$\Delta D / \Delta $	<i>()</i>			
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Filing Fee: \$25.00