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To:

Division of Corporations
Fax Number : (#50)617-6383

Free:

Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 : (954)525-7500 : (954)761-8475 Phone fax Number

Enter the enail address for this business entity to be used for future annual report mailings. Enter only one email address please.

EBELL Address: mmm@trippscott.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 464 NE 28TH TERRACE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

464 NE 28TH T						
(Name of the Limited Limbility Compa (A Florida Limited I	ny as it now and Liability Compar	nears on our records.) ny)				
The Articles of Organization for this Limited Liability Company Florida document number L06000116468	were filed on	DECEMBER 6, 2006	and assigned			
Florida document number						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company	v here:				
3055 WBB QOZB, LLC						
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," i	he designation "LLC" or the abb	revistion "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)	 	-				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)			23			
						
			-			
B. If amending the registered agent and/or registered office a	address on ou	ir records, <u>enter the name</u>				
agent and/or the new registered office address here:			P: '			
			?:			
Name of New Registered Agent:	···		. 2			
New Registered Office Address:						
	Enter Floridu street address					
	<u></u>	, Florida				
	City		Zip Code			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr	ee to act in th	his capacity. I further agre	e to comply with th			
provisions of all statutes relative to the proper and complete	performance	e of my duties, and I am fa	miliar 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, Signuture 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
AMBR	EUGENE HOLDINGS, LLC	4740 DAVIE RD	
		DAVIE, FL 33314	■Remove
			□Change
MGR	ROBIN COLLIER	4740 DAVIE RD	■Add
		DAVIE, FL 33314	□ Remove
			□ Change
<u>.</u>			
			□ Remove
			☐ Change
			□Add
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record I is filed		elayed effec	ctive date, but	not en e	effective ti	me, at 12:0	l a.m. on the	earlier of: (l	b) The 90th	day after the
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	-		Signature	n Fa inem	ber or autili	ofized rennes	entative of a n	nember		··-

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