## 106000122618

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## COVER LETTER

	gistration Sec rision of Corp				
eun irzer.	3900 Biscay	me, LLC			
SUBJECT		Name of Limited Liability Company			
The enclosed	d Articles of a	Amendment and fee(s) are sub	nitted for liling.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Nancy Karp			
			Name of Person	<u></u>	
		3900 Biscayne, LLC			
			Firm/Company		
		2915 Biscayne Blvd, Suite	200		
			Address		
		Miami, FL 33137			
		,	City/State and Zip Code	<del></del> _	
		nkarp@kobikarp.com	o be used for future annual report notif	Nantaun)	
n	7			(Catton)	
For further i	ntormation co	oncerning this matter, please or	ш:		
Nancy Karp			305 610-1688 at () Area Code Daytime		
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is	a check for th	e following amount:			
■ \$25.00 I	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: 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

3900 Biscayne, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L06000122618	were filed on 12/27/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Hity Company," the designation "Li.C" o	
Enter new principal offices address, if applicable:		- <del>5</del> 3
(Principal office address MUST BE A STREET ADDRESS)		To CT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  es of Organization for this Limited Liability Company were filed on 12/27/2006 and assigned eliment is submitted to amend the following:  Inding name, enter the new name of the limited liability company here:  Inding name, enter the new name of the limited liability company here:  Inding name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Principal offices address, if applicable:  Office address MUST BE A STREET ADDRESS)  Inding address, if applicable:  Inding address, if applicable address, if applicable address on our records, enter the name of the new agent and/or the new registered office address here:	
Now Designated Agent's Signature if shanging Designated Agent	•	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	Kobi Karp	2915 Biscayne Bivd.	Add
		Suite 200	□ Remove
		Miami, FL 33137	☐ Change
			Add
			Remove
			Remove
			Change
			Remove
			☐ Change
	<del></del>		
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

	Signal CT
	17 OCT -9 AM II - 18
Effec	ive date, if other than the date of filing: (optional)
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Datec	October 5 2017

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Typed or printed name of signee

Filing Fee: \$25.00