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COVER LETTER

CIT IN THICKEN	IAL PARK LAUDERHILL, L	LC	
	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	ALAN M. LEVY		
		Name of Person	
	INDUSTRIAL PARK LA	UDERHILL, LLC	
		Firm/Company	
	4901 NW 17th Way, Suite	: 103	
		Address	· -
	Ft. Lauderdale, FL 33309		
		City/State and Zip Code	.
	Alan@levyrai.com		
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please concerning	all:	
Alan M. Levy		(954) 491-5505 at ()	
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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

INDUSTRIAL PARK LAUDERHILL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on November 28, 20	007 and assigned
Florida document number L07000118692	·	<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
registered agent and/or the new registered office add	stered office address on our records dress here:	s, enter the name of the n
registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records	s, enter the name of the n
registered agent and/or the new registered office add	stered office address on our records dress here:	s, enter the name of the n
registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records dress here:	s, enter the name of the n
New Registered Office Address:	stered office address on our records dress here: Enter Florida street addres City	s, enter the name of the n
registered agent and/or the new registered office add Name of New Registered Agent:	Enter Florida street address City and agree to act in this capacity. I fut complete performance of my duties, an egent as provided for in Chapter 605, and ed office address, I hereby confirm the	orida Zip Gode Ther agree to comply with the delam familiar with and F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alan M. Levy	4901 NW 17th Way, Suite 103	
		Ft. Lauderdale, Fl. 33309	■ Remove
			Change
MGR	LAUDERHILL INDUSTRIAL PA:	4901 NW 17th Way, Suite 103	= Add
		Ft. Lauderdale, FL 33309	□ Remove
			☐ Change
			□ Remove
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	halo 25, 2017		
ctive date, if other than the date of f effective date is listed, the date must be specific	iling: July 25, 2017	of Clina or many those (M)	(optional)
e: If the date inserted in this block does r iment's effective date on the Department	not meet the applicable s	tatutory filing requirem	nents, this date will not be listed
	or other a recinus.		
ecord specifies a delayed effective ne 90th day after the record is fil	ve date, but not an ed.	effective time, at	12:01 a.m. on the earlie
July 25,	2017		
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Cigratura	of a member or authorized	representative of a memb	51
Signature (

Page 3 of 3

Filing Fee: \$25.00