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SECRETARY OF STATE

on Thomas FEB 14 2000.

COVER LETTER

TO: Registration S Division of Co		,		
SUBJECT: 50 Bisca	ayne 5406 LLC.			
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	·	
Please return all corresp	ondence concerning this matter	to the following:		
	David Wolis			
		(Name of Person)		
	Law offices of David			
		(Firm/Company)		
	3550 Powerline Roa			. 0
		(Address)		78 8F
Fort Lauderdale, FL 33309				題。晋
		(City/State and Zip Code)		13 世
For further information	concerning this matter, please of	eall:		PILED 08 FEB 13 AM 10: 59 SECRETARY OF STATE SECRETARY OF FLORIDA
David Wolis		at (954) 491-0378		- Su a
(Name	of Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a check for	the 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 Fe Certificate of S Certified Copy (additional cop	Status &

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

50 Biscayne 5406 LLC (Name of the Limited Liability Company as it now appears of the Company) (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on Dece	mber 11, 2007 and assigned		
Florida document number <u>L07000123103</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:	·		
	8		
The new name must be distinguishable and end with the words "Limited Liability Company "L.L.C." B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	BI3		
Name of New Registered Agent:	Žm &		
Name of New Registered Agent.			
New Registered Office Address: (Ente	(Enter Florida street address)		
	, Florida		
(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action Address Title Name 10000 W Bay Harbor Dr #422 MGR_ Lahmi, Johns Bay Harbor Islands, FL 33154 ✓ Remove Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.) Dated February 5th Signature of a member of authorized representative a member Typed or printed name of signec

Page 2 of 2

Filing Fee: \$25.00