<u>8000086</u>

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EXAMINER



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SECRETARY DESTABLE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Name of Limited Liability Company	AVENUE, LIC				
The en	closed Articles of Amendment and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Powal Signature of Person	rodrian				
	Treak Wared T.	NIEMMENTS LLC				
	3/2/ NW 125	-1457.				
	Address City/State and Zip Code	33167 EKSMITH. COM				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
<u>Do</u>	Name of Person at (305) 60 Area Code of	95-745/ 4 304 & Daytime Telephone Number				
\ /	ed is a check for the following amount: 00 Filing Fee \$\text{ S55.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is	\$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

Avenue, LC The Articles of Organization for this Limited Liability Company were filed on Maech 19 200 and assigned Florida document number _ 08000026873 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
M <u>GR</u> M	DNR, LLC	16201 NW 49 AVENUE MIMMIFL 33014	Add Remove
M <u>GR</u> M	DYR 49TH Ave, LLC	16701 NW 49 AVENUL MINNI FL 33014	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			_
_ _	7 1 00 20		
Dated	Signature of a member of	or authorized representative of a member	
	GENRY ?	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00