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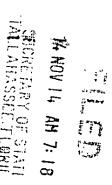
(Requ	uestor's Name)			
. (Addr	ess)			
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(City/s	State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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COVER LETTER

TO: Registratio Division of	n Section Corporations				
Holly	wood State Building, LLC				
Name of Limited Liability Company					
The enclosed Article	s of Amendment and fee(s) are submitted for filing.				
Please return all corr	espondence concerning this matter to the following:				
	Steve Berman				
	Name of Person				
	FIRM Realty				
	Firm/Company				
	2001 Hollywood Boulevard, Suite 206				
	Address				
	Hollywood, FL 33021				
	City/State and Zip Code				
	steve@firmrealty.com				
	E-mail address: (to be used for future annual report notification)				
For further informati	on concerning this matter, please call:				
Steve Berman	954 926-2510 x27				
Na	me of Person Area Code Daytime Telephone Number				
Enclosed is a check	for the following amount:				
■ \$25.00 Filing Fe	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S55.00 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

Hollywood State Building, LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabilit	t now appears on our records.) y Company)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L08000095556</u> .		and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	ompany here:		
SunTrust Office Building, LLC			_
The new name must be distinguishable and end with the words "Limited Liability C	ompany," the designation "LLC" or th	e abbreviation '	1L.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 registered agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name	of the ne
registered agent and/or the new registered office address nere.		> (A)	
Name of New Registered Agent:			
New Registered Office Address:		\$8.00 F	i Western Diskumbar
	Enter Florida street address . Florida	E SE	Sparrace
	City	Zip Code	Walter Commence
New Registered Agent's Signature, if changing Registered Agent:		~ ~ W	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfe	act in this capacity. I further cormance of my duties, and I ar	agree to com n familiar w	ply with th ith and

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
			Add		
			□ Remove		
					
			□ Remove		
			Add		
			Remove		
			Add		
		-	□ Remove		
			 		
			Add		
			□ Remove		
			Add		
			□ Remove		

D.	If am	ending any ot	her inform	ation, enter	change(s) here	e: <i>(Attach addi</i>	tional sheets, if necessar	y.)
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					···-			
				<u></u>				
E.		tive date, if ot fective date must ate this document				iled date and canno	(optional) t be more than 90 days after)
	Dated	November			2014			
			X	WA-				
				Signature of	a member or auth	orized representati	ve of a member	
		Steve E	Berman - <i>i</i>	Authorized	Representa			_
					Typed or print	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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