

Florida Department of State

Division of Corporations Public Access System

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ARTICLES OF AMENDMENTECRETARY OF STATE: TO TALLAHASSEE FLORIDA ARTICLES OF ORGANIZATION

OF	•
(Name of the Limited Liability Compan (A Florida Limited Li	Capital Ltc. v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>LØ9ØØØØ57.32</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ilty company here:
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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 offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is

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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

<u>Title</u>	Name	Address	Type of Action
<u>MGRM</u>	Eric M. Feder	4042 Island Estates Dr. Aventura, FL 33160	Add Remove
MGRM	Barwood Manager LLC	4042 Island Estates Dr. Auchum, FL 33160	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) bere: (Attach additional sheets, if necessary.)	Add Remove
		,	SECRETARY OF STATE
Dated	Sanuary 22. 20.	29:	AM 8: 46 OF STATE
_		r authorized representative of a member . Feder printed name of signee	

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