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FALLAHASSEE, FLOORING

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COVER LETTER

TO:

то:	Registration Se Division of Cor			
CHD IL	PALM AV	ENUE HIALEAH, LLC		
SUBJE.	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		JOHN OLSEN		
			Name of Person	
		PALM AVENUE HIALE	AHLLC	
			Firm/Company	.
		1900 SUNSET HARBOU	R DRIVE, ANNEX 2ND FLOOR	
			Address	
		MIAMI BEACH, FL 3313	9	
		azagales@yalemortgage.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report no	tification)
For furt	her information c	oncerning this matter, please ca	all:	
Alfredo	Zagales		305 4384100	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclose	d is a check for th	ne 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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	orations .

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM AVENUE HIALEAH, 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 $\frac{07/06/2009}{1}$ and assigned Florida document number 273555723 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PALM AVENUE HIALEAH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID GORDON	1900 SUNSET HARBOUR DRIVE, Annex 2 Minni, Beach, FL 33139	'2 尸៚ ■ Add
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	tive date, if other than the date of filing: 2/24/2018 (optional)	n	
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f the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the earli	er of:
(b) Th€			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00