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(Requestor's Name)	
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(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer	
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FILED 17 JUL 10 FN 5: 26

S. WARREN 'JUL 12 2017

COVER LETTER

	Registration Se Division of Cor			
SHRIFT	T:	GALLEI	RY 104, LLC	
.,,,,,,,,,,	·''	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
			VANESA PEREZ	
			Name of Person	
		MCKAF	KA DEVELOPMENT GROUP, LI	i.C
			Firm/Company	
		209001	NE 30th AVENUE, SUITE 603	
			Address	
		,	AVENTURA, FL 33180	
			City/State and Zip Code	
			EREZ@MCKAFKA.COM	
For furth	er information c	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notiful:	tication)
	VANESA	PEREZ	305 917-7673 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	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

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**

RY 104, LLC	
ompany as it now appears on our mited Liability Company)	records.)
pany were filed on 06/16/2010	and assigned
liability company here:	
Liability Company," the designation	n"LLC" or the abbreviation "L.L.C."
<u> </u>	

ed office address on our re <u>s here</u> :	ecords, <u>enter the name of the n</u>
Enter Florida street e	address
	address, Florida
1	pany were filed on 06/16/2010 Liability Company here: Liability Company here: Liability Company." the designation

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 litibility 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	Edgegallery, LLC	20900 NE 30th AVENUE	
		SUITE 603	■ Remove
		AVENTURA, FL 33180	Change
MGR	Funds Manager Columbus, LLC	20900 NE 30th AVENUE	≅ Add
		SUITE 603	□ Remove
		AVENTURA, FL 33180	Change
			☐ Remove
			Change
			□ Add
			□ Remove
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			PH 5 Remove
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Tamending any other	information, enter c	nange(s) nere: (200	(1) (1) (1) (1) (1) (1) (1) (1) (1)	s, if necessary.)	
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Effective date, if other fan effective date is listed, the Note: If the date inserted document's effective date	he date must be specific and I in this block does not r	d cannot be prior to date oneet the applicable sta	if filling or more than 90-	lays after filing.) Pursu	
e record specifies a The 90th day after			ffective time, at 1	.2:01 a.m. on th	ne earlier of:
	M7a	2017		<u> </u>	
Dated	IK Sun			1111	7 JUL
	IK Sul	member or authorized re	•		סון אור ן סן זייר ון ס

Page 3 of 3

Filing Fee: \$25.00