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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Division of C	Section* Corporations		·			
• •	FLORIT	DIAN 903 LLC				
SUBJECT:		ted Liability Company				
	of Amendment and fee(s) are subspondence concerning this matter	_				
		JEFFREY OLSON				
		Firm/Company	 			
	18555 C	18555 COLLINS AVENUE, suite 207				
		Address				
	SUNNY	SUNNY ISLES BEACH, FL, 33160 City/State and Zip Code EGOZ55@GMAIL.COM				
	EC					
EGOZ55@GMAIL.COM E-mail address: (to be used for future annual report notification)						
For further information	n concerning this matter, please c	all:				
JEFFREY OLSON Name of Person		at (786) 79	56-2224			
			•			
Enclosed is a check fo	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED

2010 JUL 26 AM 14: 27

	FLORIDIAN	N 903 LLC	SECT	TARY OF STORIDA		
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records)	MASSEEV		
The Articles of Organization for this Limited L	were filed on	7/20/2010	and assigned			
Florida document numberL10000075	5933					
,						
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here	:			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ited Liability Compan	," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:		18555 COLLINS AVENUE, SUITE 207				
(Principal office address MUST BE A STREET ADDRESS)		SUNNY ISLES BEACH, FL, 33160.				
Enter new mailing address, if applicable:		18555 COLLINS AVENUE, SUITE 207				
(Mailing address MAY BE A POST OFFICE BOX)		SUNNY ISLES BEACH, FL, 33160.				
B. If amending the registered agent and/or the new registered of	or registered of fice address her	fice address on ou <u>c</u> :	r records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	JEFFREY C	JEFFREY OLSON				
New Registered Office Address:	18555 COLLINS AVENUE, SUITE 207					
	Enter Florida street address					
	SUNNY	ISLES BEACH	, Florida	33160		
		City		Zip Code		

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.

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 Type of Action Address **Title Name** MGR AUDREY LASRY 1111 Kane Concourse suite 603 ☐ Add Remove Bay Harbor Islands, FL 33154. MGR JEFFREY OLSON 18555 COLLINS AVENUE, SUITE 207 Add SUNNY ISLES BEACH, FL 33160 Remove Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 21ST 2010 Dated Signature of a member or authorized representative of a member JEFFREY OLSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00