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SECRETARY OF STATE

J. HARRIS

## **COVER LETTER**

	gistration Sec vision of Corp					
CUDIECT.	1530 COLLINS, LLC					
SUBJECT:		Name of Lim	ited Liability Company	<del></del>		
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		CHRISTIAM CARDENA	S, ESQ.			
			Name of Person			
		LOUIS A. SUPRASKI, P.	Α.			
	2450 NE MIAMI GARDENS DR. 2ND FLOOR					
		MIAMI, FL 33180				
			City/State and Zip Code	<del></del>		
		SUPRASKI@SUPRASKIL	AW.COM to be used for future annual report notific	out(out)		
		·	·	cation)		
For further i	nformation co	ncerning this matter, please ca	all:			
LOUIS A. SUPRASKI, ESQ. 305			305 792-0060 at ( )			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e 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)		

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

1530 COLLINS, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on 07/22/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		75 22 FM 7
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 7 PH 2: 36
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City, Flo	rida 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 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
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te: If the date i ument's effecti	other than the da listed, the date must be inserted in this block ive date on the Depa	does not mee artment of Stat	et the applicab e's records.	le statutory filin	g requirements	, this date wil	l not be liste
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LOUIS	S A. SUPRASKI, ES	Q.				بر بر	

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