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(Requestor's Name)						
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PICK-UP WAIT MAIL						
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Special Instructions to Filing Officer:						
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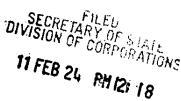
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COVER LETTER

TO:	Registration S Division of Co			
SUBJECT: 750NW42St LLC				
5000			nited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		Adrian Goett		
			Name of Person	
750NW42St LLC				
Firm/Company				
	5823 Coral Way			
	Address			
			Miomi Florido 22155	
Miami Florida 33155 City/State and Zip Code			<u>.</u>	
			mail@adrianf.com	
		E-mail address:	(to be used for future annual report notificati	on)
For fur	ther information	concerning this matter, please	call:	
		Adrian Goett	at (305) 21	6-3084
	Name	of Person ·	Area Code & Daytime To	elephone Number
Enclos	ed is a check for t	the 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		tration Section	STREET/COURIER Registration Section	
		on of Corporations	Division of Corporation Clifton Building	ons
			2661 Executive Center	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	750NW42St LLC		•
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears o rida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	1/6/2011	and assigned
Florida document numberL11000002368	<u> </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	" the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>		
B. If amending the registered agent and/or re		records, enter	the name of the new
registered agent and/or the new registered office	address nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street add	dress
_	City	, Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title Address Type of Action <u>Name</u> MGR Osvaldo Roman 5833 Coral Way Miami Fl 33155 ☐ Add ☑ Remove Project 2020 LLC MGRM ✓ Add 5833 Coral Way Miami FI 33155 Remove MGRM Mayra Puignau LLC 5833 Coral Way Miami Fl 33155 ✓ Add Remove Add [Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized repreontarve of a member Adrian Goeff Typed or printed name of signed

Page 2 of 2

Filing Fee: \$25.00