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SECRETARY OF STATE
TALLAHASSEE, FI ORIO

COVER LETTER

TO: Registration S Division of Co			* · · · · · · · · · · · · · · · · · · ·
SUBJECT:	951 JEF	FERSON, LLC	
		ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		lan J. Marcus, Esq.	
		Name of Person	
Alan J. Marcus, P.A.			
		Firm/Company	
	20803 Bis	scayne Boulevard, Suite 30	1
·.		Address	<u> </u>
	Av	entura, FL 33180 US	
		City/State and Zip Code	
	ala	n@alanjmarcus.com be used for future annual report notifice	atton)
For further information	concerning this matter, please ca		ation)
	J. Marcus, Esq.	at (305) 9 Area Code & Daytime	37-1800 Telephone Number
Enclosed is a check for	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 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

951 JE	EFFERSON, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Florida document numberL11000021472	Company were filed on	02/18/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wo 'L.L.C."	rds "Limited Liability Compa	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)	A.C	
		<u> </u>	
,		ASS	25
Enter new mailing address, if applicable:		<u> </u>	D
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
		JAN DAN DAN DAN DAN DAN DAN DAN DAN DAN D	-
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ress
		, Florida	·
	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.

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 Type of Action Name Address Title **MGRM** BENIMETZKY, ASAF 3550 BISCAYNE BOULEVARD ___ Add SUITE 700 Remove Miami, FL 33139... ☐ Add Remove ___ Add √ Remove Remove ∏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 representative of a member Y HONA TAN BENIMETZKY
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00