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DIVISION OF CORPORATIONS
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COVER LETTER

TO:	Registration Se Division of Cor			
	54FL.4 LL	C		
SUBJI	ЕСТ:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Gil Sternbach		
			Name of Person	
		Leverage Corporate Stra	ategy	
			Firm/Company	
		4935 Kensington Circle		
			Address	
		Coral Springs, FL 33076	;	
			City/State and Zip Code	
		Gil.Sternbach@Leverage	CorporateStrategy.com to be used for future annual report notifi	oution)
For fu	rther information c	oncerning this matter, please ca	•	cation)
Gil St	ernbach		954 263-6336	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$ 2	5.00 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

54FL.4 LLC				
(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 03-09-11 Florida document number L11000029628				ned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company	y here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbrev	viation "L.L.C	2.22
Enter new principal offices address, if appli	cable:	· · · ·		
(Principal office address MUST BE A STRE	ET ADDRESS)		3	S.E.
			AUG	<u>oc</u>
	~- 			- <u>당</u> 모-
Faton money modiles address of a self-able.			0	
Enter new mailing address, if applicable:		<u> </u>	- 1 -	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	1,111,1	<u></u>	<u> </u>
			20	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the	name of	the ne
Name of New Registered Agent:	Leverage Corporate Strateg	3 y		
New Registered Office Address:	4935 Kensington Circle			
	Enter	Florida street address		
	Coral Springs	, Florida <u>33076</u>	;	
	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 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

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	Matt Stolba	11983 Tamiami Trail N.	
		Suite 100F	■ Remove
		Naples, FL 34110	5 6
MGR	54FL LLC	11983 Tamiami Trail N.	
		Suite 100F	☐ Remove
		Naples, FL 34110	5 61
			☐ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			
			Remove
			□ Change

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	e date, if other than the date of filing: (option to date of filing or more than 90 days after the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date of filing or more than 90 days		AS A2A
	f the date inserted in this block does not meet the applicable statutory filing requirements, this		
	nt's effective date on the Department of State's records.		
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a	m on the ear	lier o
	90th day after the record is filed.	.nr. on the ear	iici o
	, , , , , , , , , , , , , , , , , , , ,		
	Aug. 13		
Dated _	Mr. 7. 2018.	7	
		_	
	Signature of a member or authorized representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00