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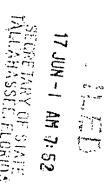
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COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJE	62 WOOST	ER, LLC					
		Name of Limited Liability Company					
		Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:					
	·	Stuart Grossman					
		Name of Person					
Levine Kellogg Lehman Schneider + Grossman LLP							
Firm/Company							
		201 South Biscayne Boulevard, 22nd Floor					
		Address					
		Miami, FL 33131					
		City/State and Zip Code					
		sig@lklsg.com E-mail address: (to be used for future annual report notification)					
For furt	ther information co	oncerning this matter, please call:					
Stuart	Grossman	305 403-8788 at ()					
	Name of	f Person Area Code Daytime Telephone Number					
Enclose	ed is a check for th	ne following amount:					
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

62 WOOSTER, LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Corollary	Company were filed on 3-16-11	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	submitted to amend the following: ame, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." pal offices address, if applicable: didress MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new nod/or the new registered office address here: New Registered Agent: istered Office Address:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		enter the name of the new
registered agent and/or the new registered office addr	ress here:	17 , SEQ
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	35 1
	. Flor	ida Co
	City	Zip Code
New Registered Agent's Signature if changing Registered	d Agent:	Section 10

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
MGR	Sarah Nilsen	201 South Biscayne Boulevard	■ Add
		22nd Floor	□ Remove
		Miami, FL 33131	☐ Change
MGR	Edward Leevan	201 South Biscayne Boulevard	
		22nd Floor	■ Remove
		Miami, FL 33131	□ Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
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ffective date, if other thai	n the date of fili	ng;			(optional)	
an effective date is listed, the date of the date inserted in the date inserted in the date of the dat	nis block does not	meet the appli	cable statutor	g or more than 90 y filing requiren	days after filing nents, this dat	3.) Pursuant e will not l	to 605.02 se listed
e record specifies a del The 90th day after the			ot an effect	ive time, at	12:01 a.m	, on the	earlier
ated May 31		2017		_1			
		·	TT				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00