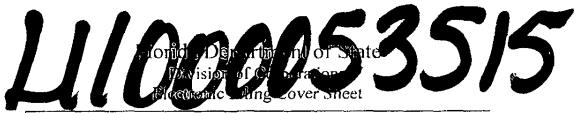
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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From:

Account Name : LEOPOLD KORN & LEOPOLD P.

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: (786)899-2235

Fax Number

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COVER LETTER

	egistration Se ivision of Cor					
CONTRACT	Doyle Pr	operty Partners, LLC				
SUBJECT	·	Nunc of Lin	nited Liability Company	Liability Company		
		Amendment and fee(s) are sub	-			
Please retu	m all correspo	indence concerning this matter	to the following:			
		Michael Doyle				
			Name of Person	······		
		Doyle Property Part	ners, LLC			
			Firm/Company		2015 SLI FALL	
		1525 Pennsylvania	Avenue, Apt. 3		15 F	=
			Address		FEB-3	15°
	Miami Beach, FL 33139					Topical Secure 1975
	City/State and Zip Code				OF S	3
		md@paradisgroup.c	OM to be used for future annual report notific	cation)	STATE LORIDA	Ą.
For further	information c	oncerning this matter, please o	all:		[⊅] ν	
Michael	Doyle		917 539-9449			
	Name o	l'Person	Area Code Daytime	Telephone Number	• • • •	
Enclosed is	a check for th	oc following amount:				
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Registra	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corporat			

P.O. Box 6327
Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H150000278363

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doyle Property Partners, LLC	
(Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on 05/05/Florida document number L11000053515	2011 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 end with the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	,
	A G: 28
Enter new mailing address, if applicable:	5 7 00 m
(Muiling address MAY BE A POST OFFICE BOX)	္တြင္းလဲ 🖡
— 1 Novik (1) ———————————————————————————————————	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the ne
registered agent andor the new registered office address here.	٠٠٠ سند
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stre	et address
	, 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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MICHAEL S. DOYLE	1525 Pennsylvania Ave, #3	
		Miami Beach, FL 33139	Remove
MGRM	KATHRYN FULLER	1525 Pennsylvania Ave, #3	D Add
		Miami Beach, FL 33139	Remove
AMBR	MICHAEL S. DOYLE	1525 Pennsylvania Ave, #3	Add
		Miami Beach, FL 33139	☐ Remove
AMBR	KATHRYN FULLER	1525 Pennsylvania Ave, #3	ALLAHASS
•		Miami Beach, FL 33139	FLORE S
			□ Add
			Remove
			□ Add

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	H15000027836 3
	-
E. Effective date, if other than the date of filing:	-
(Optional) (The effective date must be specific, cannot be prior to date of feetipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated February 3 2015	
Mala	
Signature of a member or authorized representative of autember MICHAEL DOYLE, Authorized Member	
Typed or printed name of signee	
A Company of the Comp	2015 FE

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Filing Fee: \$25.00