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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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 : (305)371-5758

: (305)371-3178 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mhasner@therrelbaisden.com Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOURHUNDRED, LLC

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From: 3053589656

COVER LETTER

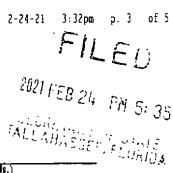
	egistration Sec vision of Corp			
SUBJECT		DRED, LLC		
30011201	,	Name of Limit	ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retur	m all correspor	ndence concerning this matter t	to the following:	
		MARK M. HASNER, ESQ) .	
			Name of Person	
		THERREL BAISDEN, LL	P	
			Firm/Company	
		I SE 3RD AVENUE, SUIT	TE 2950	
			Address	
		MIAMI, FLORIDA 33131		
		····	City/State and Zip Code	
		MHASNER@THERRELB		
C EAl			to be used for future annual report notification	ation)
		oncerning this matter, please or		
MARK M	. HASNER, ES	<u> </u>	305 371-5758 at ()	
	Name of	Person	Area Code Daytime 1	elophone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Cortificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

From: 3053589656

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FOURHUNDRED, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on August 4, 201	and assigned
Florida document number L11000090286		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lty company here:	
FOURHUNDRED HLDGS, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "I	.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		····
Enter new mailing address, if applicable:		<u></u>
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fine address on our reco	ards enter the name of the new
registered agent and/or the new registered office address here	;	rus, enter the majore of the no-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		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

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 = M AMBR = A	ianager uthorized Member		
Title	Name	Address	Type of Action
			D Add
			□ Remove
			☐ Change
			_ Remove
			Charge -
			Addj=
			Remove 3
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			DAdd
			\ \ \ _ \tag{\tau} \tag{Remove}
			□ Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.			· <u></u>				
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Typed or printed name of signee

Filing Fee: \$25.00