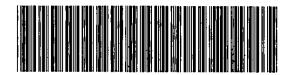
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y (Re	equestor's Name)
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ALL ALL ASSESSED AS TO SHOW

COVER LETTER

Division of C					
CITYER THE COM	Estate Properties LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
	pondence concerning this matter	•			
	Melissa Johnson				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
				160 160 160 160 160 160 160 160 160 160	
		Firm/Company			1
	2300 NE 49th Street			23 (SS)	FILED
		Address			$\dot{\Box}$
	Lighthouse Point, FL 3300	54		1.00 1.015	
	pasquerella@icloud.com	City/State and Zip Code		<u>۳</u> - ۳	
	E-mail address: (to be used for future annual report notifi	cation)		
For further information	concerning this matter, please c	all:			
Jear Pas	squeleur	at (914) 471.0°	231		
Name	of Person	Area Code Daytime	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)	Certified C	of Status &	
MAI	LING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marquis Estate Properties LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
Articles of Organization for this Limited Liability Company were filed on and assigned da document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2300 NE 49th Street		
	Lighthouse Point, FL 33064	長男 幸 卫	
Enter new mailing address, if applicable:		23 P	
(Mailing address MAY BE A POST OFFICE BOX)	2300 NE 49th Street		
	Lighthouse Point, FL 33064		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor		
	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

If amending Authorized Person(s) authorized to manage, \underline{enter} the title, name, and address of each person being added \underline{or} removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey Pasquerella	2300 NE 49th Street	≅ Add
		Lightouse Point, FL 33064	
•			□ Remove
			Change
mgr	Marilyn Shapiro	5700 NW 24 Ave	
		Boca Raton, FL 33495	
			■ Remove
			Change
mgr	Bruce Johnson		□ Add
			Remove
		 	☐ Change
Mgr I	Lindsay Johnson	<u> </u>	
			Remove
			Change
MGR	Melissa Johnson	2300 NE 49th Street	Add
		Lighthouse Point, FL 33064	5 P
			Remove
		 	Change
	Melisse-Johnson		2 X3da
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
	
	23 Eng.
03/01/2016 E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3)(1)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective ti b) The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of:
Dated April 17 , 2016 . Signature of a member or authorized representative of a member of	of a member
Melissa Johnson	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00