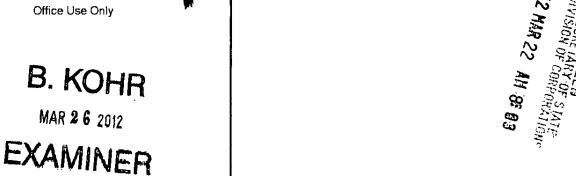
L11000108347

(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Registration S Division of Co			,	
SUBJI	ECT:	Michiga	n Ave. #6, LLC	•	
	Name of Limited Liability Company				
		f Amendment and fee(s) are sub condence concerning this matter	<u>-</u>	12 HM 22 H	
	·			74	
			Eric J. Grabois		
Mi			Name of Person		
			Eric J. Grabois, P.L.	<u> </u>	
			Firm/Company		
			7 Lincoln Rd., Ste. 9-D	<u> </u>	
			Address		
			iami Beach, FL 33139		
			City/State and Zip Code		
		E-mail address: (eric@grabois.com to be used for future annual report notificat	ion)	
For fur	ther information	concerning this matter, please of	call:		
	E	ric J. Grabois	at (305) 89	1-2029	
	Name	of Person	Area Code & Daytime To	elephone Number	
Enclos	ed 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation		

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

Michigan Ave. #6, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 9/16/11 The Articles of Organization for this Limited Liability Company were filed on L11000108347 Florida document number 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 designation "LLC" 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicolas Brocherie	407 Lincoln Rd., Ste. 2k Miami Beach, FL 33139	Add Remove
MGRM_	Elise Fable	407 Lincoln Rd. Ste. 2K Miami Beach, FL 33139	Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	_
_			
 Dated	March 16	2012	
	Cianatura of a m	ember or authorized typicsentative of a member	
	Signature of a me	Eric J. Grabois	
	1	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00