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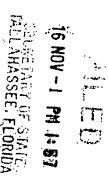
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COVER LETTER

то	: Registration Se Division of Cor						
011	D VD GT	305E	Billboard LLC				
Name of Limited Liability Company							
The	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Ple	ase return all correspo	ndence concerning this matter	to the following:				
			Abdelaziz Jaid				
			Name of Person				
			305Billboard LLC				
			Firm/Company				
			7830 Dickens Ave 401				
			Address	-			
		Mi	ami Beach Florida 33141				
			City/State and Zip Code				
			JaidAbdel@Gmail.com				
		E-mail address: (to be used for future annual report notifi	ication)			
For	further information c	oncerning this matter, please ca	all:				
Jaid Abdelaziz			305 479-9446 at ()				
Name of Person			Area Code Daytime	Telephone Number			
En	closed is a check for th	ne 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)			

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

305Billboard LLC

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears orida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Florida document numberL12000036966	ly Company were filed on	Mars,28,2016	and assigned		
This amendment is submitted to amend the following	g.				
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :			
Marrakesh	Argan LLC				
The new name must be distinguishable and contain the words '	'Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	DDRESS)				
Enter new mailing address, if applicable:					
(Muiling address MAY BE A POST OFFICE BOX)				
		Ž			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter	the name of the new		
Name of New Registered Agent:		ŢĹO.			
New Registered Office Address:		Rio O	9		
Topicio o o o o o o o o o o o o o o o o o o	Enter Florie	la street address			
<u> </u>	, Florida				
	City		Zip Code		
New Registered Agent's Signature, if changing Regist	ered Agent:				
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	d complete performance of n d agent as provided for in Cl tered office address, I hereby	ny duties, and I am fo hapter 605, F.S. Or,	amiliar with and if this document is		
	If Changing Registered Age	nt, <u>Sig</u> nature of New Re	gistered Agent		

or removed from our records: MGR = Manager , AMBR = Authorized Member Title Name **Address Type of Action** □ Add □ Remove ☐ Change □ Add □ Remove _ Change _□ Add Remove Change... Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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document's	effective date on th	ne Department	of State's reco	rds.				
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Filing Fee: \$25.00