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SECRETARY OF STATE TALLAHASSEE, FLORII)

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COVER LETTER

TO:,					
SUBJE	CCT:	Name of Limit		J Mvest	monts 220
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please	return all correspond	lence concerning this matter t	o the following:		
		4	Name of Per	wos	
			Abside f	1 duagem	ent
		D W IFFE	Dak land Address	Pak B	1/2 Soil 100
		5	City/State and Zi	3335	
SUBJECT: Brown 99 Twest monts 110 Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alexander Wolf Name of Person					
		Prouch 39 Juves monts LC Name of Limited Liability Company endment and fee(s) are submitted for filing. nee concerning this matter to the following: Ple xcus Wolf Name of Person Up Side Hangement Firm/Company The Work Address City/State and Zip Code City/State and Zip Code			
Enclos	ed is a check for the	following amount:			
\$ \$2	5.00 Filing Fee		Certified C	Сору	Certificate of Status & Certified Copy

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

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<u>s.</u>)	<u>''445</u>	St. 01	Sigi	~ ~ 7

Broward 29 Investments 210.	CAHASELOFO
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	T.E. FLORID
The Articles of Organization for this Limited Liability Company were filed on 5161202	and assigned
Florida document number <u>L 19 00066 061</u> .	
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 contain 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, encreased agent and/or the new registered office address here:	nter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florid	aZip 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 a or removed f	Authorized Perso rom our records:	n(s) authorized to ma	anage, <u>enter th</u>	e title, name, and address of eac	h person being added
MGR = Ma AMBR = Au	nager thorized Member	•		2016 AUG 30 PM 12: 03	
<u>Title</u>	<u>Name</u>		Address	TALLARIARY DI	Type of Action
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Filing Fee: \$25.00