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| (Requestor's Name) |
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| (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 Section Division of Corporations |
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| CEID E | COLLINS 1704 LLC |
| SUBJI | Name of Limited Liability Company |
| The er | closed Articles of Amendment and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | TLAN RESNICK Name of Person |
| | Name of Person |
| | Firm/Company |
| | · |
| | 18911 COLLINS AVE HPT. 602 |
| | 18911 COLLINS AVE APT 602 Address SUNNY ISTER BEACH, FL 33160 City/State and Zip Code |
| | MARRES 2306 @ YAHOO, COM E-mail address: (to be used for future annual report notification) |
| For fi | rther information concerning this matter, please call: |
| | TLAN RESNICK at 917 699-7366 Name of Person Area Code Daytime Telephone Number |
| Enclo | sed is a check for the following amount: |
| | 25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(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

| <u> </u> | INS / | | | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------|---------------------|----------------|
| (Name of the Limited) (A | Liability Company of Florida Limited Liab | is it now appears of ility Company) | n our records.) | | |
| The Articles of Organization for this Limited Liab Florida document number <u>L1200088</u> | ility Company we | re filed on | y 6, 2012 | 2 and assigned | i |
| This amendment is submitted to amend the follow | ing: | | | | |
| A. If amending name, enter the new name of the | <u>ne limited liabilit</u> | company here | : | | |
| The new name must be distinguishable and contain the word | ds "Limited Liability | Company," the design | gnation "LLC" or the ab | breviation "L.L.C." | |
| Enter new principal offices address, if applicab | le: _ | <u> </u> | | <u> </u> | _ _ |
| (Principal office address MUST BE A STREET | ADDRESS) | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | - <u>2X)</u> _ - | | | 2019 MAR 29 P | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | ce address here: | | | the name of t | |
| Name of New Registered Agent: | TLA | V RESA | ick | | |
| New Registered Office Address: | 18911 | Collins Enter Florida | AVE APP a street address , Florida | 1.602 | _ _ |
| | Junny | Istes City | , Florida | 33/6-C) 71p Code | |
| New Registered Agent's Signature, if changing Re | | | | | |

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|----------------------------|----------------|
| MER | ILAN MARGULIS RESNICK | 18911 Collins Ave #60 | <u>Z</u> □ Add |
| | | Sunny Isles, FL 33/60 | Remove |
| | | | Change |
| MER | ILAN RESNICK | | 2 Madd |
| | | SUNNY ISLES BEACH, FL 3316 | O□ Remove |
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| V Effective de | te, if other than | the date of | filing: | | | | (optio | nal) | | |
| (If an effective of | te, if other than late is listed, the date date inserted in thi | must be speci- | fic and cannot | t be prior to de | ate of filing or statutory fil | more than 90 ing requirer | days after: nents, this | iling.) Pursu date will n | aant to (ot be l | 605.02 isted |
| document's | effective date on the | e Departmer | nt of State's | records | • | | | | | |
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