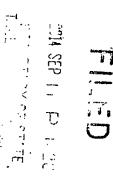
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B. BOSTICK SEP 1 7 2014

## **COVER LETTER**

Division of Corp			
1101	2, LLC		
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Eric D. Isico	ff	
		Name of Person	<del></del>
	Isicoff Raga	tz & Koenigsberg	
		Firm/Company	<del></del>
	1200 Bricke	II Avenue, Suite 1900	
		Address	
	Miami, Flori	da 33131	
		City/State and Zip Code	
	isicoff@irlaw.con	to be used for future annual report notification)	- 1 P
For further information co	oncerning this matter, please c	•	💆 پېښې 🤴
Eric D. Isico			n U v on the f
Name of		$\underbrace{}_{\text{at}}\underbrace{\frac{305}{\text{Area Code}}}\underbrace{\frac{373\text{-}3232}{\text{Daytime Telephone}}}$	Number
Nume of	. 0.30.1	Auta code Daytime relephone	Tumber ,
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	ESS:

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11012, LLC  (Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L12000126270</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Limited Lia	ability 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)	(2)		
Enter new mailing address, if applicable:	i v j		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:	office address on our records, enter the name of the neere:		
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is		

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> Address Eric D. Isicoff 1200 Brickell Avenue MGR □ Add **Suite 1900 ■** Remove Miami, Florida 33131 Jordan Zimmerman 1000 W. McNab Road MGR **■** Add Suite 243 □ Remove Pompano Beach, Florida □ Add □ Add Remove Remove □ Add ☐ Remove

fective date, if other than the date effective date must be specific, cannot be date this document is filed by the Florid	tate of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)
he date this document is filed by the Florid	tate of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)
the date this document is filed by the Florid	be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)  gnature of a manber or authorized representative of a member

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Filing Fee: \$25.00