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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SIXTY ONE 320, LLC 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:
Dirk Boehner Name of Person
SIXTY ONE 3ZO, LLC
2881 NE 33rd Ct. Unit PHA Address
Fort Landerdale FL 33306 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dirk Boekner at (786) 879-0170 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

(Name of the Limited Liability Compan (A Florida Limited Li	VE 3	2 0 on ourfe	LL C		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 12000 135 2</u> 75	were filed on			and assigne	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil Seas on S The new name must be distinguishable and contain the words "Limited Liability".	ine Ll	<u>'</u>	LLC" or the abbre	eviation "L.L.C."	,
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ν _α	Change		- · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Chang	1 1	
B. If amending the registered agent and/or registered offregistered agent and/or the new registered office address here:		our reco	ords, <u>enter th</u>	e name of t	he new
Name of New Registered Agent:	ν_{\bullet}	<u></u>	hange		
New Registered Office Address:	Lo Enter Florid	da street ad	hange hung p dress		
	City		Florida	Zip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	Aanager Authorized Member	No Changes	
<u>Title</u>	Name	Address	Type of Action
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			Remove
			☐ Change
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			□ Remove
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Filing Fee: \$25.00