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SECRETARY OF STATE

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## COVER LETTER ==

TO: Registration Section Division of Corporations
SUBJECT: 3036 Coral Ripge Drive #218 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:
Harry Musman Name of Person
Firm/Company
12394 NW 53°D SZ.
Coral Springs (33076)  Oity/State and Zip Code  HOT 218 a AOL Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Harry Musman at (954) 856-8231  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified to 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

18	F/	LED
SECH	TETANY HASEL	AM 12: 20 SESTATE FLORIDA
2187	<u> </u>	FLORIDA

3036 Cond (Name of the Limited Liability Condition (A Florida Liability)	Company as it new appears on omitted Liability Company)	IVE # 2\8 ASSEC STA
The Articles of Organization for this Limited Liability Com Florida document number <u>L130000156</u>	npany were filed on <u>T</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on ou ss here:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	ireet address
<u></u>	- C:	, Florida
	City	hip 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 = Manager

AMBR = Authorized Member Type of Action Address | Name Title MGRM Musman, Zelda 12394 NW 53°D St andd Coral Springs, Fl 33076 Comove ☐ Change □ Add □ Remove □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	30 ECT OF
	RO E
	The River
	ANSSEE, FLORIDE
	$ar{oldsymbol{ u}}$
(If an Not	ective date, if other than the date of filing:
If the (b)	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: he 90th day after the record is filed.
Date	ed July 1-, 2018.
	Harry Mus man  Tarry Mus man
	Signature of a member or authorized representative of a member
	Harry Museum of

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Filing Fee: \$25.00