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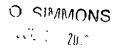
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SECRETARY OF STATE
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COVER LETTER

то:	Registration Sec Division of Cor					
		'H STREET, LLC				
SUBJ	Name of Limited Liability Company					
The en	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		GREG K GONZALEZ				
			Name of Person			
		GREG K GONZALEZ, CI	PA, PA			
Fim√Company						
		7900 OAK LANE SUITE	400			
		MIAMI LAKES, FL 3301	6			
			City/State and Zip Code			
		GREG@GGCPACO.COM				
			to be used for future annual report notif	ication)		
For Iu	rther information c	oncerning this matter, please c	111:			
GREG	G GONZALEZ		305 3423760 at ()			
***************************************	Name o	f Person		Telephone Number		
Enclos	sed is a check for th	ne following amount:				
S \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate 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

755 W. 29TH STREET, LLC

(Name of the Lim	ted Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited 1 Florida document number L13000088757	iability Company were filed on	06/19/2013 and assigned
This amendment is submitted to amend the fol	lowing:	,
A. If amending name, enter the new name of	of the limited liability company	
The new name must be distinguishable and contain the	words "Limited Liability Company," d	ne designation "LLC for \$\Pi_3\$ abberviation \tL.C."
Enter new principal offices address, if appli		
Principal office address MUST BE A STRE	ET ADDRESS)	2 P.
	-	22. St.
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
registered agent and/or the new registered (on our records, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	2663 SW BEAR PAW TRAIL Enter	Florida street address
	PALM CITY	Florida 34990
	City	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add Transve
			Change
			Change
			□ Remove
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		1	Add
			☐ Remove
			☐ Change
 			
			□ Remove
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nd cannot be prior to da meet the applicable	te of filing or more the statutory filing requ	n 90 days after filing	.) Pursuant to 605.020
date, but not an i.	effective time,	at 12:01 a.m.	on the earlier
2018			
1	meet the applicable state's records. date, but not an	nd cannot be prior to date of filing or more that meet the applicable statutory filing requires state is records. date, but not an effective time,	ng:

Page 3 of 3

Filing Fee: \$25.00