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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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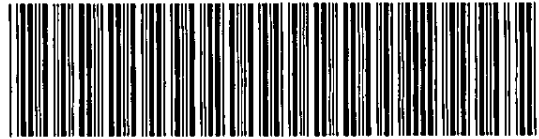
(Business Entity Name)

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Requester's Name

PO Box 387

Address

Monticello, FL 850-832-8365

City/State/Zip

Phone

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FD OPAHOCKA FL 13553 NW 22ND Ave LLC

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FD OPA LOCKA FLORIDA 13553 NW 22ND AVENUE 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:

RICHARD M. DUBIN

Name of Person

DUBIN SINGER PC

Firm/Company

123 N. WACKER DRIVE, SUITE 1600

Address

CHICAGO, IL 60606

City/State and Zip Code

BONEILL@DUBINSINGER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD M. DUBIN

Name of Person

312
at ()

Area Code

801-8740

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FD OPA LOCKA FLORIDA 13553 NW 22ND AVENUE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 12, 2013 and assigned Florida document number L13000098911.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

19 S. LASALLE STREET

SUITE 1000

CHICAGO, IL 60603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19 S. LASALLE STREET

SUITE 1000

CHICAGO, IL 60603

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

C T CORPORATION SYSTEM

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION

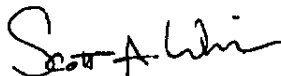
City

Florida 33324

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.



Scott White
Assistant Secretary

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NICHOLAS STRATIGAKES	216 HENDRICKS ISLE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERT C. MILLER	19 S. LASALLE STREET	<input checked="" type="checkbox"/> Add
		SUITE 1000	<input type="checkbox"/> Remove
		CHICAGO, IL 60603	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 24, 2016

Red Dub

Signature of a member or authorized representative of a member

RICHARD M. DUBIN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee