13000122957

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COVER LETTER

Division of Cor	porations		
542 SW 3R SUBJECT:	D STREET HOLDINGS, LLC		
30bJEC1	Name of Lim	ited Liability Company	· · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MANUEL L. CRESPO		
		Name of Person	
		Firm/Company	
	600 BRICKELL AVENU	E, SUITE 3600	
		Address	
	MIAMI, FLORIDA 33131		
		City/State and Zip Code	
	MANNY.CRESPO@GML	AW.COM	
	E-mail address: (to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please ca	all:	
MANUEL L. CRESPO,	ESQ.	305 789-2770	
Name of	Person	at () Area Code Daytime To	elephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

542 SW 3RD HOLDINGS, LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000122957	ty Company were filed on 8/30/2013	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
542 SW 3RD STREET HOLDINGS, LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL		· · · · · · · · · · · · · · · · · · ·
Francipui office uduress MOST BE A STREET AL	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		57
		<u>o</u>
B. If amending the registered agent and/or re	egistered office address on our records, e	nter the name of the ne
egistered agent and/or the new registered office a		18S
Name of New Registered Agent:		
- I tow registered, i goliti		35
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Remove
			□ Change
			Remove
			S Change
			□ Add □ Remove
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			□ Change

Effective date, if other than the date of filing:	76.0	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	760	
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Dated Decomby 15, 2016 1h	on the earlie	
	on the earlie	
Signature of a member or authorized representative of a member	on the earlie	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00