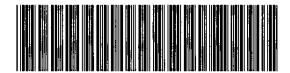
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

IL 360 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:

EZEQUIEL FISCHER, CPA

Name of Person

EZEQUIEL FISCHER, PA

Firm/Company

1000 E HALLANDALE BEACH BLVD 30

Address

HALLANDALEBEACH, FL 33009

City/State and Zip Code

EFISCHER@CPA.COM

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

For further information concerning this matter, please call:

EZEQUIEL FISCHER

.305、527-3503

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 □ \$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**

IL 300 ELC				
(Name of the Limb	ted Liability Company as it (A Florida Limited Liability	now appears on our record Company)	<u>ras.</u>)	
The Articles of Organization for this Limited L Florida document number <u>L13000160507</u>	iability Company were fi	led on 11/15/2013	and as	signed
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability co	mpany here:		
The new name must be distinguishable and end with the	words "Limited Liability Con	apany," the designation "L	LC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applic	able: lo	OSE HALLA	LUDALE PEAR	LH BLVD
(Principal office address MUST BE A STREE		TE30 ALLANDALÉ		
Enter new mailing address, if applicable:		·		
(Mailing address MAY BE A POST OFFICE	BOX)		Fig.	201
B. If amending the registered agent and/	or registered office ad	dress on our record	ds, enter the name	oethe hew
registered agent and/or the new registered of	<u>fice address here</u> :		E 77 S 70 S	₹ M
Name of New Registered Agent:	EZEQUIEL FISCI	HER	DIA PA	<u>~</u>
New Registered Office Address:	1000 E HALLAND	DALE BEACH BLY		~
•		Enter Florida street addre		
	HALLANDALE BE	EACH F	lorida 33009	
New Registered Agent's Signature, if changing R	•		Zip Code	

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action** Name 1 **Address** 290 NW 165th Street MGR TEAM REAL ESTATE MANAGEMENT, LLC □ Add Suite PH 5 🗎 Remove Miami, FL 33169 MGR WE MANAGERS, LLC 1000 E, HALLANDALE BEACH BLVD 30 HALLANDALE BEACH, FL 33009 □ Add □ Remove □ Add bbA <mark>t</mark>≝ ☐ Remove

7 Defending data if allowed an about a section	(optional)
(The effective date must be specific, cannot be prior to date of receipt or fi	led date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State) Dated 10/14/2014	led date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or fithe date this document is filed by the Florida Department of State) Dated	N. Ni what G, kta (13)

Page 3 of 3

Filing Fee: \$25.00

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