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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

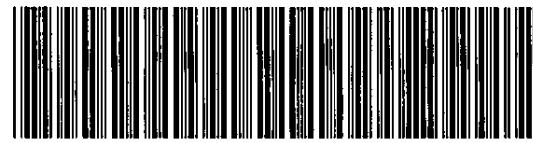
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 305IAMAMI, 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:

Deanna P. McKay

Name of Person

305IAMAMI, LLC

Firm/Company

18270 NW 19th Street

Address

Pembroke Pines, FL 33029

City/State and Zip Code

305iamiami@gmail.com

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

For further information concerning this matter, please call:

Deanna P. McKay

Name of Person

at (973) 945-4027

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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**

305IAMIA MIAMI, 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 12/10/2013 and assigned Florida document number L13000170675.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 18270 NW 19th Street
(Principal office address MUST BE A STREET ADDRESS) Pembroke Pines, Florida 33029

Enter new mailing address, if applicable: 18270 NW 19th Street
(Mailing address MAY BE A POST OFFICE BOX) Pembroke Pines, Florida 33029

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: Deanna P. McKay
New Registered Office Address: 18270 NW 19th Street
Enter Florida street address
Pembroke Pines **City** Florida **33029** **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.

Deanna P. McKay

If Changing Registered Agent, **Signature of New Registered Agent**

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Deanna P. McKay	669 NE 64th St Miami, Florida 33138	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Deanna P. McKay	18270 NW 19th Street Pembroke Pines, Florida 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 8, 2014

ONE

Signature of a member or authorized representative of a member

Deanna P. McKay

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

REPORT BY DR. G. S.