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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Colligan OCT 20 2015

Michael E. Leach, Esq.

Name of Person

Michael E. Leach, PA

Firm/Company

2400 East Commercial Blvd., Suite 706

Address

Fort Lauderdale, Florida 33308

City/State and Zip Code

Deebluemarlin@gmail.com

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

For further information concerning this matter, please call:

Michael E. Leach, Esq.

Name of Person

at (954)

Area Code

351-8800

Daytime Telephone Number

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MAILING ADDRESS:

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Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
645 ART LOFTS DEVELOPMENT, 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 December 20, 2013 on
and assigned

FILED

Florida document number L13000175260

2015 OCT 19 PM 4:01

This amendment is submitted to amend the following:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

, Florida

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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	TITLE	NAME	ADDRESS
<input checked="" type="checkbox"/> Add	Authorized Member	DORON BROMAN	3330 NE 190 Street #2614 Aventura, Florida 33180
<input type="checkbox"/> Remove			

<input checked="" type="checkbox"/> Add	Authorized Person	URI REDLER	3470 E. Coast Avenue #2205 Miami, Florida 33137
<input type="checkbox"/> Remove			

<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

<input type="checkbox"/> Add			
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<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. Effective date, if other than the date of filing: October 20, 2015 (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 October 17, 2015, _____.

Signature of a member or authorized representative of a member

Doron Broman

Typed or printed name of signee

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TALLAHASSEE, FLORIDA