## L13000175260

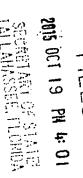
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	es e	Name of Person	
	Michael E. Lead	ch, PA	
		Firm/Company	
•	2400 East Comme	ercial Blvd., Suit	e 706
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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

645 ART LOFTS DEVELOPMENT, LLC

		ALL STATES	• =व्यं
The Articles of Organization for this Limited Liabili and assigned	ty Company were filed	December 20, 201 FILED	
Florida document number <u>L13000175260</u>	• .	20,15 OCT 19 PI	4 4: 01
This amendment is submitted to amend the following	g:	SECRITARY OF TALLAHASSEE, T	STATE LORDA
A. If amending name, enter the new name of the	limited liability comp	any here:	
The new name must be distinguishable and end with the words	"Limited Liability Company	," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b>:</b>		
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
·			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		n our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ter Florida street address	
, Florida	City		Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist has been notified in writing of this change.	nd complete performan ed agent as provided fo	nce of my duties, and I a or in Chapter 605, F.S. (	nn familiar with and Or, if this document is
	If Changing Registe	ered Agent, Signature of Nev	v Registered Agent
	Page 1 of 3		
If amending the Managers or Authorized Membartherized Member being added or removed fr		ter the title, name, and	address of each Manager or
MGR = Manager AMBR = Authorized Member			
<u>Title</u> <u>Name</u>	<u>Address</u>		Type of Action

Address

<u>Title</u>

Name

<ul><li></li></ul>	TITLE Authorized Member	NAME DORON BROMAN	ADDRESS  3330 NE 190 Street #2614  Aventura, Florida 33180
Ŋ Add	Authorized Person	URI REDLER	3470 E. Coast Avenue #2205 Miami, Florida 33137
□ Remove			
□ Add			
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<u>□</u> Add			
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		Page 2 of	
3 D. If amending a	uny other information, enter (	_	itional shects, if necessary.)

•					
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effective the dat	ate, if other than the date must be specific, can this document is filed by October 17,2015	mot be prior to d	ate of receipt or file		(optional) be more than 90 days
effective the dat	date must be specific, can	mot be prior to d	ate of receipt or file		
effective	date must be specific, can	nnot be prior to d the Florida Dep	ate of receipt or file	d date and cannot b	oe more than 90 days

Page 3 of 3 Filing Fee: \$25.00