09/26/2016 9/26/2016

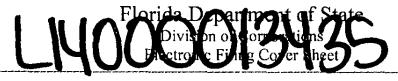
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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PADULA BENNARDO LEVINE, LLP

Account Number : I20160000061 Phone : (561)544-8900

Fax Number : (561)544-8999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__LJC@PBL-LAW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 405 W PINE STREET, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

405 W PINE STREET, LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our re Liability Company)	cords,)
The Articles of Organization for this Limited Lia	ability Company	were filed on	and assigned
Florida document number L14000013435	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity 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)		365 SE 6th Ave., Unit 307	
		Delray Beach, FL 33483	39 6
			T S S T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		365 SE 6th Ave., Unit 307	11 E
		Delray Beach, FL 33483	
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered off			ords, enter the name of the new
		-	
Name of New Registered Agent:	Robert Selame		
New Registered Office Address:	365 SE 6th Ave	e., Unit 307	
	Enter Florida street address		
	Delray Beach		, Florida ³³⁴⁸³
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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.

Agent, Signature of New Registered Agent

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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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Benjamin Franc	1200 Scotia Drive, #505	🗖 Add
		Hypoluxo, FL 33462	■ Remove
			☐ Change
MGR Robert Selame	Robert Selame	365 SE 6th Ave., Unit 307	₩ Add
		Delray Beach, FL 33483	☐ Remove
			Change
			Add
			Remove
			Change TALL Add SEP TALL AD Remove TALL AD Change
			Change & & & & & & & & & & & & & & & & & & &
			Change
			□ Add
			☐ Remove
			☐ Change

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2016

Sept. 26

Robert Selame

Dated

Typed or printed name of signee

Filing Fee: \$25.00

of a member or authorized representative of a member