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## COVER LETTER

TO: Registration Section Division of Corporations

1224 NE 144th Street, 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:

Romy B. Jurado Name of Person Jurado & Farshchian, P.L. Firm/Company 12955 Biscayne Boulevard, Suite 328 North Miami, Florida 33181 City/State and Zip Code romy@jflawfirm.com

For further information concerning this matter, please call;

Romy B. Jurado

at (305) 921-0440
Daytime Telephone Number

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

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 Capy (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

1224 NE 144th Street, LLC		
(Name of the Limited Li. (A Fl	ability Company as lt now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 01/29/2014	and assigned
This amendment is submitted to amend the following	g:	
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 AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office :		the name of the new
		5 6
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street uddress	
	, Florida	
	Cny	Zip Code
New Registered Agent's Signature, if changing Regist	tered 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

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

Title	<u>Name</u>	Address	Type of Actio
AMNR	Jose L. Ayala	161 MANDOLIN DR.	
		WINTERHAVEN, FL 338	84 = Remove
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D.	If amending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filin (The effective date must be specific, cannot be prior to date this document is filed by the Florida Department	g:
	Dated July 11	2014
	D) mari	es
	Brenda A. Vazquez	member of authorized representative of a member
		Typed or printed name of signee

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Filing Fee: \$25.00