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S. YOUNG

COVER LETTER

	Registration Se Division of Cor		¥		
SUBJEC		2 street,lic			
эовуго	-1.	Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		CARLOS GIL			
			Name of Person		
			Firm/Company	Daytime Telephone Number 2 & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ET/COURIER ADDRESS: ation Section	
		3910 WEST FLAGLER S	TREET		
			Address		ω
		MIAMI FLORIDA 33134			PHO
		CARLOS@CARLOSAGIL	City/State and Zip Code .PA.COM		3: 21
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	er information co	oncerning this matter, please c	all:		
CARLO	S GIL		305 443-2525		
	Name of	Person		Telephone Number	_
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Cop	f Status & oy
	Registra	NG ADDRESS: ation Section	STREET/COURIE Registration Section	1	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

750-760 SW 2 STREET, 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 and assigned Florida document number _ L14000021708 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL: @ 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

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JASO PROPERTIES, LCC	311 BERMUDA SPRINGS DRIVE	
		WESTON, FL 33326	□ Remove
MGR	JAVIER SANCHEZ	311 BERMUDA SPRINGS DRIVE	Change
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Effective date, if other than t	ne date of filing:	(option	nal)
Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of block does not meet the applicable state. Department of State's records.	titling or more than 90 days after he tutory filling requirements, this o	ling.) Pursuant to 605.0207 (2) late will not be listed as the
he record specifies a delay The 90th day after the re	ed effective date, but not an e ecord is filed.	ffective time, at 12:01 a.	m. on the earlier of:
MAY 6	2016		
Dated			
-	4		
	Signature of a member of authorized re	presentative of a member	
JAVIER SANCHEZ			
-	Typed or printed name	of signee	

Page 3 of 3

Filing Fee: \$25.00