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DEC - 6 Z019

COVER LETTER

Division of Co	rporations		
Cousins R SUBJECT:	tesidences LLC		
OBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Eva Vays		
		Name of Person	
	Cousins Residences LLC		
		Firm/Company	
	3001 South Ocean Drive #	425	
	· · · · · ·	Address	
	Hollywood Fl 33019		
	eva@arvays.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
or further information of	concerning this matter, please ca	ıll:	
Eva Vays		917 520-3988	
Name (of Person	at ()	Telephone Number
Enclosed is a check for t	he 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 Copy (additional copy is enclosed)

MAILING ADDRESS:

TÒ:

Registration Section

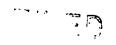
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

RECEIVED

SEP 0.3 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Cousins Residences LLC

2019 MOT - 4 PM 5: 25

(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 <u>FEBRUARY 25, 2014</u> ___ and assigned Florida document number _____L14000032401 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 "LLC." 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

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>	<u>Address</u>	Type of Action
MGR M	Aaron Vays	1429 East 28th, Street Brooklyn N.Y. 11210	Add
			
			Remove
	Alle and Wasse	1420 Ferri 28th	☐ Change
MGR	Albert Vays	1429 East 28th, street Brooklyn N.Y. 11210	■ Add
			□ Remove
			Change
			
			□ Remove
			□ Change
			Add
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			Add
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			Change
		 	
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.		<u> </u>	
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Typed or printed name of signee

Filing Fee: \$25.00