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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| 2729 University, LL | С | | | ". | unger | 701 | |
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| | | | т | rade/Service Mark | | | |
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| | | | A | art, of Amend, File | | | |
| | | | R | A Resignation | | | |
| | | | [| Dissolution / Withdrawal | | _ | |
| | | | A | Annual Report / Reinstatement | | <u>-</u> . | - |
| | | | 0 | Cert. Copy | | | |
| | | | P | Photo Copy | | | |
| | | | c | Certificate of Good Standing | | | |
| | | | 0 | Certificate of Status | | | |
| , | | | (| Certificate of Fictitious Name_ | | | |
| | | | 0 | Corp Record Search | | | |
| | | | (| Officer Search | | | |
| | | | F | Fictitious Search | | | |
| Signature | | | F | Fictitious Owner Search | | - | |
| orginata. C | | | ' | Vehicle Search | | | |
| | | | I | Driving Record | | | |
| Requested by: SETH | 04/21/14 | | ' | UCC 1 or 3 File | | | |
| | | Time | 1 | UCC 11 Search | | | |
| Name | Date | THUC | ' | UCC 11 Retrieval | | | |
| Walk-In | Will Pick Up | | (| Courier | | | |

COVER LETTER

TO: Registration Section
Division of Corporations

SURJECT, 2729 UNIVERSITY, 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:

JOANNA PLESSIS, ESQ.

Name of Person

SERBER & ASSOCIATES, PA

Firm/Company

2875 NE 191ST STREET SUITE 801

Address

AVENTURA, FL 33180

City/State and Zip Code

INFO@SERBERLAWFIRM.COM

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

For further information concerning this matter, please call:

JOANNA PLESSIS

...305、932-6262

Name of Person

Area Code

Daytime Telephone Number

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 Copy (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

| 2729 UNIVERSITY, LLC | | 201 |
|--|--|--|
| (Name of the Limited L (A F | iability Company as it now appears on our records lorida Limited Liability Company) | 事 五 |
| The Articles of Organization for this Limited Liabil | ity Company were filed on 03/28/2014 | and assigned |
| Florida document number <u>L14000051498</u> | · | |
| This amendment is submitted to amend the following | ng: | (A) (A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B |
| A. If amending name, enter the new name of the | e limited liability company here: | 3* |
| The new name must be distinguishable and end with the word | ls "Limited Liability Company," the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | <u> </u> | |
| (Principal office address MUST BE A STREET A | DDRESS) | · · · · · · · · · · · · · · · · · · · |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO. | <u> </u> | |
| | *************************************** | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | , enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| - | , Flo | rida Zip Code |
| New Desistant America Structure 18 desistant Desis | -4 | |

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 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

| AMBR = A | uthorized Member | |
|--------------|------------------|--|
| <u>Title</u> | <u>Name</u> | Address Type of Action |
| MGR | EDGAR HALAC | 2600 ISLAND BLVD. APT 705 |
| | | AVENTURA, FL 33160 |
| | | |
| MGR | FERNANDO HALAC | 2600 ISLAND BLVD. APT 705 |
| | | AVENTURA, FL 33160 |
| | | TIL APP. |
| | <u> </u> | |
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| f ame | ending any other informati | on, enter change(s) here: (Attach additional s | heets, if necessary.) |
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| The effe the dat | e this document is filed by the Flor | be prior to date of receipt or filed date and cannot be more | (optional) e than 90 days after |
| Dated | APRIL 21 | , 2014 | |
| | | /s/ EDGAR HALAC | |
| | | ignature of a member or authorized representative of a m | nember |
| | EDGAR HALA | Typed or printed name of signee | |
| | | Typed of printed name of signed | |
| | | | ALLAHASS |
| | | | 변경 (*) [기년: |
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Page 3 of 3

Filing Fee: \$25.00