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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : GM FINANCIAL GROUP

Account Number : I19980000102

: (954)428~8899

Fax Number

: (954)428-6699

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6021 ARGYLE FOREST BOULEVARD, L.L.C.

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

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APR 27 ---

4/26/2016

9544286699

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6021 ARGYLE FOREST BOULEVARD, 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 Liabilit Florida document number L14000070550	y Company were filed on 4/30/14	and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	5
	Ti.	orida
	City , FR	Zip Code

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>	Name	Address	Type of Action
MGR	346 WEST 40TH STREET, LLC	23189 VIA STEL, BOCA RATON	
		FL, 33433	■ Remove
			Change
MGRM	S B SAND LLC	23189 VIA STEL, BOCA RATION	🖴 Add
		FL, 33433	□ Remove
			☐ Change
			TO Charge
			26
			Bemove 3
			Add
			☐ Remove
			☐ Change
			Remove
			Change

....

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
TO S
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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)(b) 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.
Dated 4/06, 16. Sandy C. Echo
Signature of a member or authorized representative of a member
SANDA SACKS
Typed or printed name of signee

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Filing Fee: \$25.00