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From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800

Fax Number : (305) 416-6811

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FS 48F, LLC

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COVER LETTER

TO: Registration Section Division of Corporations FS 48F, 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: Diane M. Hernandez Adams Gallinar, P.A. 1000 Brickell Avenue, Suite 300 Address Miami, Florida 33131 City/State and Zip Code dhernandez@agilaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diane M. Hernandez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fec, Certificate of Status Certified Copy Certificate of Status &

> 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

(additional copy is enclosed)

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PS 48F, LLC	Company of it now agreement on our monda			
(A Florida L	Company as it new appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L14000079680</u>	ompany were filed on May 15, 2014	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "Ll.C" or the	e abbreviation "L.L'C."		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRE	ESS)			
		(1) CO		
		7 0 2 2FP		
Enter new mailing address, if applicable:		±		
,				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		er the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
-	, Florida			
	City	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 affice 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

Page 1 of 3

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Waleska Avendano Padillo	1000 Brickell Avenue	D Add
		Suite 300	■ Remove
		Miami, Florida 33131	
MGR	Waleska Avendano Padilla	1000 Brickell Avenue	= Add
		Suite 300	□ Remove
		Miami, Florida 33131	73 863
			Add=
			Remove
			22 mm 22 mm 25 mm 25 mm
			□ Remove
			□ Add
			□ Remove
			
			D Add
			☐ Remove
		· .	

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E.	Effective date, if other than the date of filing:	
	Dated July 8 2014	
	Radamel	•
	Signature of a member of authorized representative of a member Robert R. Adams, Esq., Authorized Representative	77.,
	Typed or printed name of signee	F :

Page 3 of 3

Filing Fee: \$25.00