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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Removal of MGR-141-SW 15 STUC 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: |
| Name of Person |
| Firm/Company |
| 1631 NE 34h STreet |
| Pompano Brach, FL 33064 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (917) 335-5578 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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

| 141 Su 15th Stre | et LLC | | |
|--|--|---|-----------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our re- bility Company) | cords.) | |
| The Articles of Organization for this Limited Liability Company w Florida document number | ere filed on <u>June</u> 2 | 95 <u>2014</u> and a | ssigned |
| A. If amending name, enter the new name of the limited liabili | ty company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation " | LLC" or the abbreviation | 'L.Ł.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | , , - | | |
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| The state of the s | , | / | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | / | ċ | |
| | | | <u> </u> |
| B. If amending the registered agent and/or registered office address here: | ce address on our rec | ords, <u>enter the nam</u> | e of the nev |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Office Address. | Enter Florida street ac | ldress | |
| | | , Florida | le |
| New Registered Agent's Signature, if changing Registered Agent: | • | • | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties ovided for in Chapter 6 | s, and I am familiar v 05, F.S. Or, if this do | vith and cument is |

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. | Rona Derratho | 1345 SE 31.6 AUR PONIPANO BACU FC 32060 | |
| | | Ponpano Basco, FC 32060 | Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
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| E. Effective date, if other than the date of filing: | | |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to the solution of the solution | he earl | lier of: |
| Dated ACO 15 . 2018. Landa Landa Viscont Constitution of a member or authorized representative of a member | | |
| Roma Demarting VINCENT COSTE/fo Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00