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D. BRUCE

## COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT:	1395 NW 22 ST LLC
	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
	LAWRENCE BLACKE, EST. LAW OFFICES OF LAWRENCE BLACKE, P.A.
	LAW OFFICES OF LAWRENCE BLACKE, P. A.
-	Firm/Company
	3326 Ne 33 STREET
	,
-	Port Louledle RC. 33308
1	City/State and Zip Code LAURENCE BLACKE. Com
-	E-mail address: (to be used for future annual report notification)
For further information conce	
LAURENC	e BLAck 255 at (954) Solo-50W The Area Code Daytime Telephone Number
Name of Per	son Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
□ \$25.00 Filing Fee □	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Registration Division of P.O. Box 6	Corporations 327 Clifton Building e, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle
Tallahassee	2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1395 NW	22 ST LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>LILICOOIO778</u>	Company were filed on 7/8/2014 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit  1355 NW 22  The new name must be distinguishable and end with the words "Lin	STREET LLC	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter and the state of the stat		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
D. Marsandia dia mata di 1990.		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, <u>enter the n</u> ress here:	ame of the nev
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered	- <i>r</i>	Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I further agree to omplete performance of my duties, and I am familicated as provided for in Chapter 605, F.S. Or, if this	ar with and document is
	If Changing Registered Agent, Signature of New Registered	
	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> <u>Address</u> Type of Action \_□ Add \_□ Remove □ Add □ Remove □ Add □ Remove □ Add □ Remove \_□ Add □ Remove H JULI 8 Pag 4: 16

e effective	late, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
date this	document is filed by the Florida Department of State)
	/ 1 11 - 1 / //
ted	7/18/11/
ated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00