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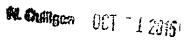
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8101 Richardson Road, Suite 101 Commerce Twp, MI 48390 • (248) 363-4580

September 21, 2015

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

.,•

Re: Articles of Amendment To Articles of Organization for 28245 Tamiami, LLC

Document No. L14000120629

Dear Sir or Madam:

Enclosed please find the cover letter, Articles of Amendment to Articles of Organization and check, in the amount of \$25.00 and made payable to the Florida Department of State, to cover the filing fee for 28245 Tamiami, LLC. Please process the enclosed Articles of Amendment to Articles of Organization for Tamiami, LLC. I would appreciate if you could send any true copies or return documents to my attention at the above address.

Thank you for your attention and assistance. Should you have any questions or concerns, please do not hesitate to contact me at (248) 363-4580, x214 or salpert@askarmanagementgroup.com.

Sincerely,

Steven I. Alpert

Enclosures

COVER LETTER

Division of Corp	orations					
CUDIECT.	28245 T	'amiami, LLC				
Name of Limited Liability Company						
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.				
Please return all correspon	dence concerning this matter t	to the following:				
		Brenda Briggs				
Name of Person						
28245 Tamiami, LLC						
Firm/Company						
	8101 Richardson Road, Suite 101					
		Address		_		
	Commerce Twp, MI 48390					
City/State and Zip Code						
bbriggs@askarmanagementgroup.com						
E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, please ca	ill:				
Brenda Briggs		248	363-4580 x216			
Name of Person		at () Area Code	Daytime Telephone Numb	er er		
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certific Certific	Filing Fee, cate of Status & ed Copy al copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

FILED 2015 SEP 28 PN 2: 59

ME LANGER OF STAFF. TALLANGSMEE, PLOPIDA

28245 Tami	•			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	i <mark>ny as it now appears</mark> Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL14000120629	were filed on	July 31, 2014	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	8101 Richardson Road, Suite 101			
(Principal office address MUST BE A STREET ADDRESS)	Commerce Twp, MI 48390			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8101 Richardson Road, Suite 101 Commerce Twp, MI 48390			
Manny unit ess MATTA DAZATA OST OTTACL DON				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, enter	the name of the	
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	ida street address	· ·	
		, Florida		
	Čitv		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>	<u>Name</u>	Address	Type of Action
MGRM	Kousay Askar	8101 Richardson Road, Suite 101	□ Add
		Commerce Twp, MI 48390	□ Remove
			Add
			Remove
			Change
			□ Add
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Note: If the	ate, if other than the date date is listed, the date must be spe date inserted in this block do effective date on the Departm	es not meet t	the applicab	date of filing of the statutory f	or more than ! filing require	(optional) O days after filitements, this day	al) ng.) Pursuant to 6 ate will not be li	05.0207 sted as 1	(3)(b the
	specifies a delayed effe day after the record is		, but not a	an effectiv	/e time, a	t 12:01 a.n	n. on the ear	lier of	}
Dated	August 31		2015						
_	Signat	ure of a memb	per or authoriz	zed representa	ative of a mer	nber			
			Brenda	Briggs					
_			ed or printed						

Page 3 of 3

Filing Fee: \$25.00