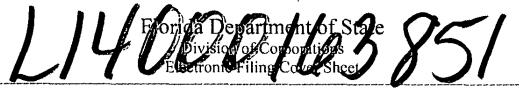
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TO:18506176383 FROM:5615448999

Division of Corporations

Page:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PADULA BENNARDO LEVINE, LLP

Account Number : I20160000061

Phone : (561)544-8900

Fax Number

: (561)544-8999

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

Email Address: LJC@PBL-LAW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 329 S L STREET LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

09/26/2016

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

329 S L STREET LLC		
(Name of the Limited Liability (A Florida l	Company as It now appears on our records imited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on	and assigned
Florida document number L14000163851		
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 contain the words "Limite	ed Liability Company," the designation "LLC"	or the appreviation L.C."
Enter new principal offices address, if applicable:		FE S
(Principal office address MUST BE A STREET ADDRE	<u> </u>	- 37 T. 113
	<u> </u>	
Enter new mailing address, if applicable:	P-1-1-1,	
(Mailing address MAY BE A POST OFFICE BOX)		Em L
B. If amending the registered agent and/or registered agent and/or the new registered office addre		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	Zip Code
New Desirement Assessed Cinescours of showning Desirement	4 manda	

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.

f Changing Registered Agent, Signature of New Registered Agent

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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	Alexandra Franc	365 SE 6th Ave., Unit 307	
		Delray Beach, FL 33483	■ Remove
			☐ Change
MGR Benjamin Franc	Benjamin Franc	365 SE 6th Ave., Unit 307	
		Delray Beach, FL 33483	■ Remove
		······································	□ Change
	·····		Add
			Remove SEP Office Change SEP Of Add
			D Remove
			Change
	,		Add
			□ Remove
			Change
			🗖 Remove
			Change

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Typed or printed name of signee

Robert Selame

Filing Fee: \$25.00

or authorized representative of a member