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SCORETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	FB AVENUE REI Name of Lim	AL ESTATE HOLDINGS, ited Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	<i>Jef</i>	FREY C. SHAMANO	<u> </u>
	JEFF	REY C. SHAWWAL	o, P.A.
	202	5 E. 7th AUE Address	
	<i>TY</i> an	MOA, FL 33605 City/State and Zip Code	
-	E-mail address: (1	HANON C TCSHAANS to be used for future annual report notif	WPA.COM ication)
For further information conc	erning this matter, please ca	all:	
	SHANNON	at (<u>813</u>) <u>900</u> Area Code Daytime	27-6450 Telephone Number
Enclosed is a check for the f	ollowing amount:		/
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

2017 E. 74 A	UE, LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000 163860</u> .	ny were filed on 10/21/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited line of the		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_ 2025 €. 7 th	AUE
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL	3 <i>3605</i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		nter the name of the new
New Registered Office Address:		I I I
	Enter Florida street address , Florid	FF. PH D
	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 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

MGR = N $AMBR = A$	lanager .uthorized Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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(If an eff <u>Note:</u>	tive date, if other than the date of filing:	rsuant to 605. I not be liste	0207 (3)(1 d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on e 90th day after the record is filed.	the earlie	r of:
Dated	Signature of a thempter of authorized representative of a member		
	· //////		

Page 3 of 3

Filing Fee: \$25.00