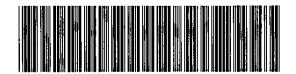
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(Re	questor's Name)	
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	Registration Sec Division of Corp		·	
CUP IP C	1760 Micl	nigan, LLC		
SUBJEC	1;	Name of Limi	ited Liability Company	
•				
The enclo	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
		Carmen Ramos		
			Name of Person	
		Meland Russin & Bu	idwick, P.A.	
			Firm/Company	
		200 S. Biscayne Boo	ulevard, Suite 3200	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		cramos@melandruss		
			to be used for future annual report notifica-	ation)
For further	er information co	ncerning this matter, please ca		
Carme	n Ramos		at () 358-6363	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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

1760 Michigan,LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000165829</u>		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the	e name of the new
Name of New Registered Agent:	ALL	14.0 SECT
New Registered Office Address:		
	Enter Florida street address Company, Florida	
	Cuy C	
New Registered Agent's Signature, if changing Registered Agent:		ABCOR S > 5
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionable company has been notified in writing of this change.	o act in this capacity. I further agree formance of my duties, and I am fam ided for in Chapter 605, F.S. Or, if t	to comply with the uiliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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>Name</u> **Address** Type of Action Todd Glaser 3681 Flamingo Drive _□ Add Miami Beach, FL 33140 _
Remove MGR Todd Glaser Management, LLC 3681 Flamingo Drive ■ Add Miami Beach, FL __□ Remove □ Add □ Remove □ Add _□ Add ___

Remove

, ii amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, 	
Effective The effection the date the	e date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after its document is filed by the Florida Department of State)
Dated D	ecember 3 . 2014
	Signature of a member or authorized representative of a member
	Mark S. Meland
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIALE