Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOLOMON & FURSHMAN, LLP

Account Number : 120050000182 Phone : (305)861-8034 : (305)861-8012

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

Email Address: Victor® STUP. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE IVY UNIT 1602 LLC

| Certificate of Status | 0 |
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Electronic Filing Menu Corporate Filing Menu

Help

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T. HAMPTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Ivy Unit 1602 LLC | | |
|---|---|--|
| (Name of the Limited) | Liability Company as it now appears on our records.) Florida Limited Liability Company) | SECON TO |
| The Articles of Organization for this Limited Liabi | ility Company were filed on October 24, 2014 | and assigned |
| Florida document number L14000166236 | · | SSECTION IN THE SECTION IN THE SECTI |
| This amendment is submitted to amend the following | ing: | T: 43 |
| A. If amending name, enter the new name of th | e limited liability company here: | 43 ATE BRIDA |
| The new name must be distinguishable and end with the wor | ds "Limited Limbility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | le: | |
| (Principal office address MUST BE A STREET A | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | registered office address on our records, <u>cu</u> <u>e address here</u> : | iter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florida | a |
| | Cdy | 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 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:

MCR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|--------------------|-----------------------|--|
| MGR | Shaftakola, Louiza | 1701 S.W. 138th Court | |
| | | Miami, Florida 33175 | ■ Remove |
| MGR | Bonilla, Myriam | 1701 S.W. 138th Court | Add |
| | | Miami, Florida 33175 | □ Remove |
| | | | |
| | | | Remove |
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| ••• | | | Remove FILED SECRITARY OF S ALLAHASSEE, FL |
| | | | PROPOSE A |
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| Effective date, if other than the date of filing: | November 12, 20 | | (optional) |
| The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department | of receipt or filed date a of State) | nd cannot be more than 90 |) days after |
| Dated November 12 | 2014 | | |
| Whe | • | | |
| | ember or authorized ren | resentative of a member | |
| Victor A. Recondo, Esq. , A. | | _ | |

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