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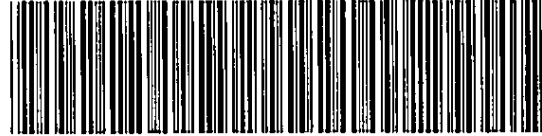
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**DERREVERE STEVENS
BLACK & COZAD**
ATTORNEYS AT LAW

PHONE: 561.684.3222 | FAX: 561.640.3050 | WWW.DERREVERELAW.COM

2005 VISTA PARKWAY, SUITE 210
WEST PALM BEACH, FL 33411

OTHER LOCATIONS:
1463 CADES BAY AVENUE
JUPITER, FL 33458

100 CAMBRIDGE STREET, 14TH FLOOR
BOSTON, MA 02114
PHONE: 617.766.8803

PO BOX 1892
BURLINGTON, VT 05402
PHONE: 802.495.8082

October 26, 2018

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

JON D. DERREVERE, P.A.
† MICHAEL B. STEVENS, P.A.
BRYAN W. BLACK, P.A.
BART COZAD, P.A.
WINSLOW D. HAWKES III, P.A., OF COUNSEL
† ALSO LICENSED IN MASSACHUSETTS,
VERMONT AND THE DISTRICT OF COLUMBIA

Re: Articles of Amendment for 895 SE Macarthur Blvd., LLC

Dear Sir/Madam:

Enclosed please find the cover letter, and Articles of Amendment to Articles of Organization with regard to the above-captioned matter. I have also enclosed our check in the amount of \$25.00 to cover the cost of filing.

If you have any questions with regard to this matter, please do not hesitate to contact me.

Very truly yours,

MICHAEL B. STEVENS

MBS/kl
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 895 SE MACARTHUR BLVD. LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL B. STEVENS

Name of Person

DERREVERE STEVENS BLACK & COZAD

Firm/Company

2005 VISTA PARKWAY SUITE 210

Address

WEST PALM BEACH, FLORIDA 33411

City/State and Zip Code

MBS@DERREVERELAW.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael B. Stevens

561 684-3222
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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**

895 SE MACARTHUR BLVD. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 28, 2014 and assigned
Florida document number 1.14000168107

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael B. Stevens	DSB&C, 2005 Vista Parkway, Suite 210, WPB, FL 33411	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/25-18

Signature of member or author

Fredrik Svensson, Manager

Typed or printed name of signee