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CAPITAL CONNECTION, INC.

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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1916 HOLLYWOOD BLVD REALTY LLC

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Walk-In

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L.C. File_____

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Foreign Corp. File_____

____ Dissolution/Withdrawal_____

Annual Report / Reinstatement_____

____ Cert. Copy_____

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____ Certificate of Good Standing_____

____ Certificate of Status_____

Certificate of Fictitious Name_____

____ Corp Record Search_____

____Officer Search_____

Fictitious Search_____

____ Fictilious Owner Search______

_____Vehicle Search______

_____ Driving Record______

____ UCC 1 or 3 File_____

UCC 11 Search_____

UCC 11 Retrieval_____

Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	12/22/2014	and assigned
Plorida document numberL14000194132		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	e re:	
ή		
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
	esignation "LLC" or the abb	
Inter new principal offices address, if applicable:	esignation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:	esignation "LLC" or the abb	
Inter new principal offices address, if applicable:	esignation "LLC" or the abb	2017
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	esignation "LLC" or the abb	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS; Enter new mailing address, if applicable:	esignation "LLC" or the abb	2017
The new name must be distinguishable and contain the words "Limited Liability Company," the d 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;	esignation "LLC" or the abb	2017

Name of New Registered Agent:		
New Registered Office Address:	i	
	Enter Florida street add	ress
	ا را	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

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<u>Title</u>	Name	Address	Type of Action
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