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COVER LETTER

		stration Sect sion of Corp						
Olin In C			s Centre, LLC					
SUBJEC	JI; _		Name of Limited Liability Company					
The encl	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	eturn	all correspon	dence concerning this matter	to the following:				
			Cris Richardson					
				Name of Person				
	355 Congress Centre, LLC							
				Firm/Company	_			
	900 Glades Road, Suite 3B							
				Address				
			City/State and Zip Code	_				
	cricahrdson@rdhllc.com							
			E-mail address: (to be used for future annual report notification)				
For furth	ner in	formation co	ncerning this matter, please ca	all:				
Cris Ric	hard	son		561 413-9800at ()	201 SE			
	-	Name of	Person	Area Code Daytime Telephone Numl	JAN ETA HAS			
Enclosed	d is a	check for the	e following amount:					
□ \$25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, eate of Status & ed Copy Conal copy is enclosed	D		

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

TO ARTICLES OF ORGANIZATION OF

355 Congress Centre, 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 and assigned L14000195993 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 355 Congress, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: 2016 Name of New Registered Agent: New Registered Office Address: Enter Florida street address Zip Code City

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christopher Richardson	900 Glades Road, Suite 3B	≅ Add
		Boca Raton, FL 33431	□ Remove
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Filing Fee: \$25.00