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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PADULA BENNARDO LEVINE, LLP

Account Number : I20160000061 Phone : (561)544-8900 Fax Number : (561)544-8999

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

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K. SALY

09/26/2016

11:14 PDT

TO:18506176383 FROM:5615448999

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



431 SW 1ST AVE, LLC

(Name of the United Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L15000041157	ompany were filed on 03/05/2015 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		nter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	•	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I ent as provided for in Chapter 605, F.S	am familiar with and . Or, if this document is
	If Changing Registered Agent, Signature of N	ew Registered Agent

Page 1 of 3

09/26/2016

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Page:

4

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>	Name	Address	Type of Action
MBR	Alexandra Franc	365 SE 6th Ave., Unit 307	□ Add
		Delray Beach, FL 33483	■ Remove
			□ Change
MBR	Benjamin Franc	365 SE 6th Ave., Unit 307	
		Delray Beach, FL 33483	■ Remove
			☐ Change
			Add
			□ Remove
			20 Change SE
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	·		Remove
		***************************************	☐ Ghanger
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		<u> </u>	Change

6/2016	11:14 PDT	TO:18506176383 (((H1600023	FROM:5615448999 8748 3)))	Page:
D. If amo	nding any other info	rmation, enter change(s) here	: (Attach additional sheets, if nec	essary.)
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(If an eff Note:	If the date inserted in th	must be specific and cannot be prior	(opti- to date of filing or more than 90 days after able statutory filing requirements, this	filing.) Pursuant to 605.020
	ord specifies a dela 90th day after the		an effective time, at 12:01 a	a.m. on the earlier o
Dated	Sept. 26	2018	_·	
•		Van Alan		
	//	Signature of a member or autho	rized representative of a member	
	/			

Page 3 of 3

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