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### **COVER LETTER**

'n,

TO: Registration Se Division of Con			
SUBJECT:	PORVIC HO	COINGS LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CORLA CORLA 2627 NE Aventur Cortlewin	Name of Person  ND HEXDIMS  Firm/Company  203rd ST.  Address  Address  City/State and Zip Code  COMCAST. DR	Suite 118 33,80
For further information	E-mail address: (i concerning this matter, please ca	to be used for future annual report noti	fication)
Cost	GW() of Person	at (312) 84%	P-8000 e Telephone Number
Enclosed is a check for t	he 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

## TO ARTICLES OF ORGANIZATION OF

Corvic Ho	DLDING	sle		
(Name of the Limited Li (A F	iability Compan Iorida Limited Li	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Liabil		vere filed on 2/2:	7/15	_ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabil	ity company here:		
CORLAND HOUS	011065	LLC		
The new name must be distinguishable and contain the words	"Limited Liabili			
Enter new principal offices address, if applicable	<b>:</b>	2627 NE	203 rd ST.	Suite 118
(Principal office address MUST BE A STREET A.	DDRESS)	Duentrus	TIONDA	<u> </u>
				33180
Enter new mailing address, if applicable:		Some A	s above	<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	<u><b>K</b>)</u>		<u> </u>	<u>.</u>
				<u> </u>
				No this
B. If amending the registered agent and/or a registered agent and/or the new registered office			records, enter the	
egistered agent and of the new registered on the			. A E 4: Qq:	R (1)
Name of New Registered Agent:				
New Registered Office Address:	2627	NE. 203 M Enter Florida stre	set address	e 118
_	Avente	WA	, Florida <u>3</u>	3180
		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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cost Lewis	2627 NE 208rd ST Aventura, R. 33180	🗆 Add
		Aventura, R. 33180	•
	.1.0		Change
MGL	Mc Procht		
			Remove
	_		Change
Mol	DAVID FRIEDLAND	2627 NE 203rd St. Aventura, Pl. 33180	Add
		Aventura, 1-2. 33180	<u> </u>
		ଦ୍ର (୬) ଜୀବ ଅନୁକ୍ର	El-Change:
			Add 7
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(If an ef <b>Note:</b>	ive date, if other than the date of filing:  [cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	ling.) Purs	suant to o	605.0207 (3)(b) listed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	n. on t	:he ea	rlier of:
Dated	1/22 2016			
	Signature of a member or authorized representative of a member			
	Timed or printed name of signee			

E.

Page 3 of 3

Filing Fee: \$25.00