## U500081584

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SECRETARY OF STATE ALLAHASSEE, FI ORIGINA

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## **COVER LETTER** »

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	tration Section of Corpo			
CUBICCT.	UR CITY II	NVESTMENTS 3604, LLC		
SUBJECT: _		Name of Lin	nited Liability Company	······································
The enclosed A	rticles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return al	l correspond	ence concerning this matter	to the following:	
		JOSEFINA A GATTEI		
			Name of Person	
		JOSEFINA A. GATTEI P	'A	
			Firm/Company	
		1000 EAST HALLANDA	LE BEACH BLVD SUITE 28	
			Address	
		HALLANDALE BEACH	, FLORIDA 33009	
			City/State and Zip Code	<del></del>
		assistantefischercpa@gmai		SEI SEI
For further info	rmation con	E-mail address: ( cerning this matter, please c	to be used for future annual report notificat	
JOSEFINA A.	GATTEI		305 525-3502	JUN -5 FARY OF HASSEE, F
	Name of P	erson	Area Code Daytime Te	lephone Number STATE STATE OS
Enclosed is a cl	neck for the	following amount:		
■ \$25.00 Filin	ng 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

OUR CITY INVESTMENTS 3604, 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  $\frac{05-07-2015}{1}$ and assigned Florida document number L15000081584 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 "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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Type of Action
MGR	WALTER GABRIEL FISCHER	1000 EAST HALLANDALE BEA	■ Add
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet the appl	or to date of filing or mor icable statutory filing	(optional re than 90 days after filin requirements, this dat	g.) Pursua	ant to 605.02 of be listed	207 ( as t
the record specifies a dela ) The 90th day after the		not an effective tir	me, at 12:01 a.m	. on th	e earlier	of:
Dated May 26	2015					
		PAIN				
	Signature of a member or a	holized bardsenhove o	of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00