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COVER LETTER

TO: Registration S Division of Co					
OPA LOC	KA LAND POMPANO, LLC.				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	IAN ILLYCH MARTINE	Z, ESQ.			
		Name of Person			
	BELLO, MARTINEZ & I	RAMIREZ, PL			
		Firm/Company			
	800 DOUGLAS ROAD S	UITE 149			
		Address	· · ·		
	CORAL GABLES FL 331	134			
	IMARTNEZ ORMANIA W	City/State and Zip Code			
	IMARTINEZ@BMRLAW E-mail address: (to be used for future annual report notific	ation)		
For further information c	oncerning this matter, please c	•	•		
IAN ILLYCH MARTIN	EZ	305 442-7970			
Name o	f Person	at () Area Code Daytime T	elephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Stat Certified Copy (additional copy seek	<u>~</u>	SECRETAF
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons FIXE	## ## ## ## ## ## ## ## ## ## ## ## ##	CUBBLE VILLER CA DE STUTE L'ED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPA LOCKA LAND POMPANO, 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 05/12/2015 and assigned Florida document number _____L15000083897 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMERICAN LAND OF POMPANO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address . Florida 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 familian 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 to company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) anthorized 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
N/A	N/A	N/A	□ Add
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Filing Fee: \$25.00