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		AR	TICLES OF	ORGAN	IIZATION		
				of			
			578	0, LLC			
		(Name of the Lie	(A Florida Limited	Liability Cor	<u>r appears en our rec</u> mpany)	ords.)	
			Liability Company	y were filed	j on <u>5/26/15</u>		nd assigned
Florida docu	ment number <u>L1</u>	5000092078	<u>}</u> .				
This amenda	nent is submitted	to amend the fo	vllowing:				
A. If amend	ling name, <u>enter</u>	<u>the new name</u>	of the limited lia	bility comp	any here:		
The new name	must be distinguishab	ile and end with th	he words "Limited Lis	bility Compa	ny," the designation "]	LLC" or the abbreviat	tion "L.L.C."
	rincipal offices a						
(Principal of	<u>fice address MUS</u>	<u>T BE A STRE</u>	<u>'ET ADDRESS)</u>	·	<u> </u>		
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	ailing address, i	••		·		<u> </u>	
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			d/or registered of		ess on our record	ds, <u>enter the na</u>	me_of the
			<u>-</u>				
Nan	ne of New Registe	red Agent:					
New	Registered Offic	e Address:			ter Florida street addr		
				Ch.		era Alorida	
			<u> </u>	City	F	Zip C	Code
	d Agent's Signat						

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 Rapility accept the limited Rapility of this change.

	<u></u>		
If Changlag Registered Agent, Signature of New Reg	Isterna Agent		3
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Page 1 of 3	<u>11 - 11</u>		•
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR	Edwin Molondez and Paola Melondez,	5780 SW 61 Avenue	🗖 Add
	as Tenants by the Entirety	Davie, Florida 33314	II Remove
AMBR	Edwin Melendez	5780 SW 61 Avenue	
		Davie, Florida 33314	🖸 Rетоув
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C. Effective dat (The offective dat the date this do Dated	e, if other than the date of filling: te must be specific, cannot be prior to date of receipt or filed date and cannot be m current is filed by the Florida Department of State) 06/04/15	(optional) Iore then 90 days after
the date this do	cumont is filed by the Florida Department of State)	(optional) nore then 90 days after

Page 3 of 3 Fillng Fee: \$25.00

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