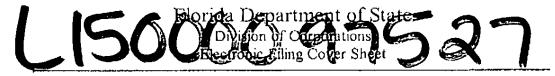
9/6/2017

Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT Account Number : 120040000167

: (305) 377-0809 Phone : (305) 377-0781 Fax Number

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

Email Address: ___ cmora@pbyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 283 CATALONIA REALTY, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LONIA REALTY, LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our re- inited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Cor Florida document number L15000097527	inpany were filled on $\frac{06/04/2015}{1}$	and assigned
This amendment is submitted to amend the following:		
A. If amouding name, onter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Linbility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		257
(Principal office address MUST BE A STREET ADDRE.	SSI	P 5 11
2		or speaker
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY RE A POST OFFICE BOX)		ا بو
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent New Registered Office Address:	ss here:	
	Enter Florida street aa	ldress
		, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered A	-	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and can accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my duties ni as provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
	_i.	
	If Changing Registered Agent, <u>Signat</u>	ure 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>	Name	<u>Address</u>	Type of Action
MGR	Mark Albright	200 S. Andrews Avenue	
		Suite 600	□ Remove
		Ft. Landerdale, FL 35301	□ Change
~ ~~			
			_ □ Remove
			Change
			□ Remove
		<u></u>	Change
		<u> </u>	Add
			Remove
			Change
			A DE SERVICIO
			Remove ruman
			Change
			□ Remove
			□ Cirauge

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<u></u>				<u></u>
ive date, if other than the da ective date is listed, the date must be				

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed.

