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COVER LETTER

то:	Registration Sec Division of Corp						
SUBJE	CT:	95 Warch	1.6	Develoument Liability Company	LLC		
	₩ ₩	Name	or Limited	Liability Company ,	•		•
The enc	losed Articles of A	amendment and fee(s)	are submit	tted for filing.		•	
Please re	eturn all correspon	dence concerning this	matter to 1	the following:			
			Ra	His Anac Name of Person			1, 13
		+	Mac	S-lutions C	LC		
			<u>'</u>	Firm/Company	-		
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For first	har information co	ncerning this matter, pl			,		
1011411							
	Baff:	Anac		at (3)	454-9	947	_
	Name of	Person		Area Code	Daytime Telepho	one Number	
Enclose	d is a check for the	following amount:					
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee Certificate of Sta	& itus	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fed Certificate of St Certified Copy (additional copy is a	tatus &

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

595 W	arehouse Developm	nend LLC
(Name of the Limited L	iability Company as it now appears lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number		6/3/15 and assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	limited liability company he	r <u>e</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	•	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
_		, Florida
_	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

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 **Type of Action** Address Title Name MGR Anac Sol-Hors CLL 7645 NG 2>75+ DAdd

Nome was misspelled stall Aventury FL 33190 Remove be Anac Solotian cic __Change □ Add □ Remove ☐ Change □ Add □ Remove Change _□ Remove. ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

		
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Effective date, if other than the date of filing:	(optional) an 90 days after filing.) Pur	suant to 605.(
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will	not be listed
document's effective date on the Department of Date & records.		
the record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on t	the earlier
The 90th day after the record is filed.		
312 11		
Dated 3/24/16,		
y		

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Filing Fee: \$25.00