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Office Use Only



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| SUBJE | ·CT· | | | | | | |
| 50201 | | | Name of Lim | ited Liability Company | _ | | |
| The end | losed | Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please | return | all correspon | ndence concerning this matter | to the following: | | | |
| | | | Mauricio Bonifacio | | | | |
| | | | | Name of Person | | | |
| | | | | Firm/Company | | | |
| | | | 600 Parkview Drive, #220 | | | | |
| | | | | Address | | | |
| | | | Hallandale Beach, FL 3300 | 09 | | | |
| | | | mmb_37@hotmail.com | City/State and Zip Code | | | |
| | | | E-mail address: (| to be used for future annual report notification) | | | |
| For furt | her in | formation co | oncerning this matter, please ca | all: | | | |
| Mauric | io Bo | | | 908 884-9798 at () | <u> </u> | _~> | |
| | | Name of | f Person | Area Code Daytime Telephone Nur | SECRET | 2015 JUL | 7 |
| Enclose | d is a | check for th | e following amount: | | SSI SSI | 1_ | |
| 5 \$25 | 5.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certi | Filing F ficate of, s fied Consideration | Status & | |

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

4196 SW 9 ST, 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 June 17, 2015 and assigned Florida document number L15000105953 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 419 SW 9 ST, LLC, a Florida limited liability company 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 mame 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 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 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> | Address | Type of Action |
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| (If an e | ffective date is l | isted, the date m | ust be specific an | d cannot be price | or to date of filin | ng or more than 90 y filing requires | days after fili | ng.) Purs | uant to 60 | 05.0207 () sted as th |
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| | | | Signature of a | member or aut | nonzed-represa | nialive of a mem | ber | | | |

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Filing Fee: \$25.00