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COVER LETTER

	904 One Flagler Investments, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed	Articles of Amendment and fee(s) are sul	bmitted for filing.				
Please return	dl correspondence concerning this matter	r to the following:				
	Mario A Beckles					
		Name of Person				
	Beckles & Co.					
		Firm/Company				
	2001 Hollywood Blvd. Su	ite 208				
		Address				
	Hollywood, FL 33020					
	**************************************	City/State and Zip Code	***************************************			
	mbeckles@becklescpa.com					
	E-mail address:	to be used for future annual report notific	cation)			
or further info	rmation concerning this matter, please c	all:				
Mario Beckles		754 400-8281 at ()				
	Name of Person	Area Code Daytime	Telephone Number			
inclosed is a ch	eck for the following amount:					
\$25.00 Filin	g Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Piling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed			

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

904 One Flagler Investments, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number <u>L15000108518</u>	iability Company	were filed on <u>06/23/2015</u>	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
If amending name, enter the new name of the limited li	cable:	14 NE 1 Avenue, Suite 904 (900C)		
(Principal cifice address MUST BE A STREET ADDRESS)		Miami, FL 33132		
			1000	
Enter new mailing address, if applicable:		14 NE 1 Avenue, Suite 904 (900C)		
	BOX)	Miami, FL 33132		
registered agent and/or the new registered o		<u>e</u> :	r the name of the new	
Name of New Registered Agent:	Mailo A. Becki	ics .	AS IN	
New Registered Office Address:	2001 Hollywood, Suite 208 Enter Florida street address		<u>→ → → → → → → → → → → → → → → → → → → </u>	1
	Hollywood		33020 SEE 23	B .
	-	City	Zin Code	
New Registered Agent's Signature, if changing				ļ
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered c _o fice	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and Or, if this document is	

Page 1 of 3

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:

Title	Name	Address	Type of Action
			Add
			☐ Remove
			Change
		No. of the last of	Add
			Remove
			Change

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ffective date, if other than the an effective date is listed, the date must	date of fili: : be specific a:	ng: nd cannot be pr	ior to date of filing	g or more than 90 d	(optional) ays after filing.)	Pursuant to 60	5.0207
				filing requireme	nts, this date w	vill not be lis	ted as
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Page 3 of 3

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