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MG 27 2015 J. HARRIS

COVER LETTER

Division of Co			
VIIXVIII :	300, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher M. Trapani, E	isq.	
		Name of Person	
	Christopher M. Trapani, P	Δ.Λ.	
		Firm/Company	
	10640 Griffin Road, Suite	106C	
		Address	
	Cooper City, FL 33328		
		City/State and Zip Code	
	emailservice@trapani-law.e		Carlos .
		to be used for future annual report notifi	cation
For further information c	oncerning this matter, please co	all:	
Christopher M. Trapani		954 530-6957 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing 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

VIIXIII 300, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>,</u>)	
The Articles of Organization for this Limited Liability Company	y were filed on June 25, 2015	· · · · · · · · · · · · · · · · · · ·	_ and assigned
Florida document number L15000110255			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
VIIXVIII 300, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbre	riation "L.L.C."
Enter new principal offices address, if applicable:		(20
(Principal office address MUST BE A STREET ADDRESS)		FU	
Trincipia office address MOST DE A STREET ADDRESS			
		ASSI	CI I
Enter new mailing address, if applicable:		77 + C-	
(Mailing address MAY BE A POST OFFICE BOX)		Ę.;	မ္ ႏ
(Maning dadress MAT BE A POST OFFICE BOX)			59
		-	
B. If amending the registered agent and/or registered of		enter the	name of the ne
registered agent and/or the new registered office address her	<u>ce:</u>		
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		**************************************	Change
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ocument's effective date on	the Department of State's records.	
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The 90th day after the	e record is filed.	
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	Signature of a member or authorized representative of a member	
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	Typed or printed name of signee	SE N
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Filing Fee: \$25.00