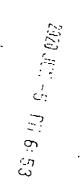
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JUN 22 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 249 SOUTH FEDERAL HWY, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ronen Hazan	
249 South Federal Hwyllc	
P. D. BOX 447	
pania, FL 33004	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROM-UN HUZUN at (305), 455-7488 Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐	of Status & py

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Federal Hww. ELEC53

(A Florida Limited (A Florida Limited)	Liability Company)	: records
The Articles of Organization for this Limited Liability Company Florida document number L15000121719.	v were filed on $7/1$	5/15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "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)		
		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	. Enter Florida stre	et address
		Florida Zip Code
	•	,

creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability upany has been notified in writing of this change.

w Registered Agent's Signature, if changing Registered Agent:

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>	Name	Address 2929 JU -5 PU 6: 5	Type of Action
AMBR	Michael Nolin	P.D. BOX 447 PUNIUFL3300	1 DAdd
			□Remove
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