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TO:					·
CUDI		623 N FEDEI	RAL HIGHWAY, LLC		
SUBJ	ECI:		Name of Limit	ted Liability Company	
	### Division of Corporations ### 623 N FEDERAL HIGHWAY, LLC Name of Limited Liability Company				
The e	nclosed	Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please	ereturn	all correspond	lence concerning this matter to	o the following:	
			IRENE WEISBURD		
Name of Person					
WEISBURD, EISEN & POSSENTI, PA					
Firm/Company					
2751 EXECUTIVE PARK DRIVE, #104					
Address					
WESTON, FL 33331					
City/State and Zip Code					
-					
				·	ation)
For fu	rther in	ormation con	cerning this matter, please cal	11:	
IREN	E WEIS	BURD			
Name of Person Area Code Daytime Telephone Number			elephone Number		
Enclos	sed is a	check for the	following amount:		
\$2	25.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy

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

623 N FEDERAL HIGHWAY, LLC	
(Name of the Limited I (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L15000149871	lity Company were filed on September 1, 2015 and assigned and assigned
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the nee address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u>-</u>	, Florida
	City Zin 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

	g Authorized Person(s) authorized I from our records:	I to manage, enter the title, name, and addre	
MGR = N AMBR = A	Aanager Authorized Member	•	1107 - 2
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GARY W FREED	2677 RIVIERA COURT	DIA TO Add
-		WESTON, FL 33332	■ Remove
			Change
MGR	GARY W FREED	2677 RIVIERA COURT	■ Add
		WESTON, FL 33332	Remove
			Change
AMBR	CHARLES JACOBY	4958 SOUTHWEST 88TH STREE	
		CORAL GABLES, FL 33156	Remove
			Change
MGR	CHARLES JACOBY	4958 SOUTHWEST 88TH STREE	
		CORAL GABLES, FL 33156	□ Remove
	VICKI L FREED		☐ Change
AMBR	VICKI E TRIED	2677 RIVIERA COURT	□ Add
		WESTON, FL 33332	■ Remove
			Change
AMBR	ROBERTA JACOBY	4958 SOUTHWEST 88TH STREE	
		CORAL GABLES, FL 33156	■ Remove
			□ Change

If amending any	other information, en		Attach additional she	ets, if necessary.)	
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If an effective date is I Note: If the date in document's effective he record specifications.	other than the date of listed, the date must be specif nserted in this block does we date on the Departmen fies a delayed effecti	ic and cannot be prior to do not meet the applicable t of State's records. ve date, but not at	ate of filing or more than 9 statutory filing require	00 days after filing.) Pur ements, this date will	not be listed as
The 90th day	after the record is fi	led.			
Dated October	300	2015			
	14	7110			231
	Signature	of a member or authorize	d representative of a mem	ber	<u> </u>
GARY	W. FREED				1 - 2
		Typed or printed na	me of signee	7,171	
				1000 1000 1000 1000	U
		Page 3 o	of 3	F10	.

Filing Fee: \$25.00