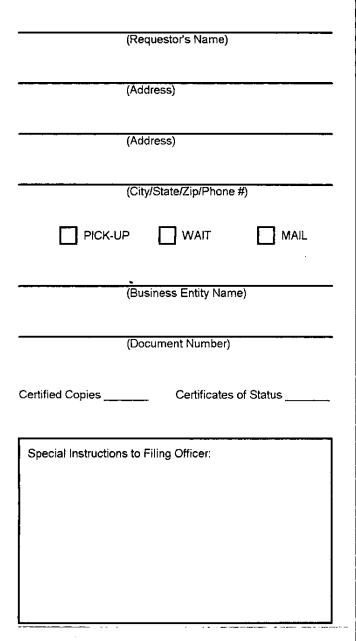
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## COVER LETTER

TO;	Registration Section Division of Corporations
SUBJE	<del></del>
	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	El, Davon
	Name of Person
	Firm/Company
	1124 have Concause
	Day Nac Goveante  Bay Nac box 75/aw 9. 33154
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furtl	ner information concerning this matter, please call:
&	Name of Person at (3or) 861-8000  Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
<b>p</b> \$25.	00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  \$ 55.00 Filing Fee Scriffied Copy (additional copy is enclosed)  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

2618 COLLINS 305, LLC		· ·		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 09-10-2015	and assigned		
Florida document number L 15000154786				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
2618 COLLINS 305 AND 401, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	1124 KANE CONCOURSE			
	BAY HARBOR, FLORIDA 33154	***		
		Alexander of the second of the		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		2		
		7.5		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her				
		***		
Name of New Registered Agent:				
New Registered Office Address:	Section Clarida de caractel de			
	Enter Florida street address			
	, Florida	7:- 0-1-		
	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 = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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n effec te: I	re date, if other than tive date is listed, the date if the date inserted in thi nt's effective date on the	must be specific a s block does no	and cannot be prior at meet the applic	able statutory filir	iore than 90 days afte	r filing.) Pursuant to 60	5.0201 ted as
reco	ord specifies a dela 90th day after the	yed effective record is file	e date, but no d.	t an effective	time, at 12:01	a.m. on the earl	ier o
ted _	2/3		,201				
				prized representative			

Page 3 of 3

Filing Fee: \$25.00