## LIS000167935

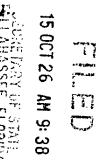
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## COVER LETTER

	istration Section of Corp			
CHRIECT.	BLESSED T	UESDAY LLC		
SCHOLET.		Name of Limi	ited Liability Company	<del></del>
		mendment and fee(s) are sub-		
r lease return	an correspon	dence concerning this matter	to the following.	
		MICHAEL J. SCHLESING	GER	
			Name of Person	
		_		
			Firm/Company	
		800 BRICKELL AVENUI	E, SUITE #1400	
			Address	
		MIAMI, FL 33131		
		MJS@MJSJD.COM	City/State and Zip Code	
		_	to be used for future annual report no	etification)
For further in	nformation co	ncerning this matter, please ca	all:	
MICHAEL	SCHLESING	ER	305 373-8993 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	: following amount:		
■ \$25.00 F	iling 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

	. Florida	
	Enter Florida street address	⊕ [74] <b>W</b>
New Registered Office Address:		3: 38 
Name of New Registered Agent:		
		THE REST
registered agents are a site to the control of the	-	38. <b>6</b>
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>enter</u> ce address here:	>5: N
D 16 15 4b		
		- <del>黄</del> 仁 <b>坊</b>
(Mailing address MAY BE A POST OFFICE B	<u></u>	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new principal offices address, if applicat		
Dutana and the last of the las	J.	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or the a	bbreviation "L.L.C."
A. If amending name, enter the new name of t	he limited liability company here:	
This amendment is submitted to amend the follow	ving:	
Florida document number L15000167935	<del></del> ·	
	oility Company were filed on OCTOBER 2, 2015	and assigned
( <u>Name of the Limited</u>	Liability Company as it now appears on our records.) Florida Limited Liability Company)	

## 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
MGRM	DYLAN MILLS	800 BRICKELL AVE. #1400	<b>_</b>
		MIAMI, FL 33131	□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			1726 A N SSEE 0
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fective date, if other than the an effective date is listed, the date must	date of filing:	use data of filing as more tha	optional)	\$
ote: If the date inserted in this blo	ock does not meet the appli	cable statutory filing requ	irements, this date will	not be listed
ocument's effective date on the De	partment of State's record	S.		•
record specifies a delayed The 90th day after the reco	effective date, but no ord is filed.	ot an effective time,	at 12:01 a.m. on	ine earlier
OCTOBER 22	2015	_		
		<del></del> '		
	Signature of a member or auti		1	

Page 3 of 3

Filing Fee: \$25.00