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December 6, 2017

JOSEPH COHEN 45 NW 21ST ST MIAMI, FL 33127

SUBJECT: OBS 87 LLC

Ref. Number: L15000168982

We have received your document for OBS 87 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 817A00024625

COVER LETTER

· TO:

Registration Section Division of Corporations

| SUBJECT: OBS 87, LLC | 2 |
|---|---|
| Name of Lin | nited Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are sub- | omitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
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| <u>OBS</u> 8 | Firm/Company |
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| - / / (GIV)/ | Chty/State and Zip Code |
| admin@ | (to be used for future annual tentin potitication) |
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| For further information concerning this matter, please of | zalł: |
| Joseph Chen | at (305) 53 2 6 99 2 Area Code Daytime Telephone Number |
| Name of Person | Area Code Daytime Telephone Number |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & |
| | (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | |
| | |
| MAILING ADDRESS: Registration Section | STREET/COURIER ADDRESS: Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |
| | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OBS 87,20 | <i>C.</i> | |
|---|---|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on <u>1015/15</u> 2 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | abbreviation "L.k.C." |
| | | 77. |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | |
| | | PH 12: 50 |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | r the name of the new |
| Name of New Registered Agent: | | |
| 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 Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Filing Fee: \$25.00