L15000174642

| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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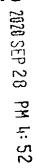


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S. YOUNG



COVER LETTER

TO:

Registration Section

| porations | • | • | |
|---------------------------------|---|--|--|
| 88TH ST 2603, LLC | , | *es* | . |
| Name of Lim | ited Liability Company | *************************************** | |
| | | | |
| | | | |
| Amendment and fee(s) are sub | omitted for filing. | | |
| ondence concerning this matter | to the following: | | |
| | | | |
| Brian Recor | | | |
| | Name of Person | | |
| | | | |
| Recor Rieber, P.A. | | | |
| <u> </u> | Firm/Company | | |
| 848 Brickell Ave. #1000 | | | |
| <u> </u> | Address | | |
| | Auditas | | |
| Miami, FL 33131 | | | |
| | City/State and Zip Code | · | |
| brian@recorrieber.com | | | |
| E-mail address: (| to be used for future annual report n | otification) | |
| oncerning this matter, please c | all: | | |
| | 305 9888002 | | |
| f Person | Area Code Days | ime Telephone Number | |
| | | | |
| he following amount: | | | |
| ■ \$30.00 Filing Fee & | S55.00 Filing Fee & | ☐ \$60,00 Filing F | ee. |
| Certificate of Status | Certified Copy | | |
| | (additional copy is enclosed) | | |
| | | | |
| :e- | Street Address: | | |
| | | | |
| Corporations | | | |
| | | | |
| | Amendment and fee(s) are substituted and fee(s) | Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Brian Recor Name of Person Recor Rieber, P.A. Firm/Company 848 Brickell Ave, #1000 Address Miami, FL 33131 City/State and Zip Code brian@recorrieber.com E-mail address: (to be used for future annual report noncerning this matter, please call: at (| Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Brian Recor Name of Person Recor Rieber, P.A. Firm/Company 848 Brickell Ave, #1000 Address Miami, FL 33131 City/State and Zip Code brian@recorrieber.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: at (305 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3131 NE 188TH ST 2603, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited I | Liability Compar | y were filed on 10/1 | 4/2015 | and assigned |
|--|---|---|--|---------------------------------------|
| Florida document number L15000174642 | · | | | 53 |
| This amendment is submitted to amend the fol | lowing: | | | • |
| A. If amending name, enter the new name of | of the limited lia | bility company her | <u>e</u> : | |
| 417 Captiva. LLC | | | | |
| The new name must be distinguishable and contain the | words "Limited Lia | bility Company," the des | ignation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | N/A | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| | | | · | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | |
| (Mailing address MAY BE A POST OFFICE | (BOX) | | ···• | |
| | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent: | | e address on our rec | ords, <u>enter the nan</u> | <u>1e of the new registered</u> |
| | N/A | · | | |
| New Registered Office Address: | | Enter Florid | la street address | |
| | N/A | | Florida | |
| | · · · · · · · · · · · · · · · · · · · | Ciņ | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agen | <u>t:</u> | | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | per and complet istered agent as registered offic | te performance of n s provided for in Ch | ny duties, and Lam papter 605, F.S. Or, | familiar with and if this document is |
| | If Ch | anging Registered Agen | it, Signature of New Re | gistered 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 |
|--------------|-------------|---------|----------------|
| N/A | N/A | N/A | □Add |
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| | | | c cu | | | | | | option: | .15 | |
| (If an effective Note: If the | ate, if other the date is listed, the date inserted in effective date of | date must be s n this block o | pecific and loes not in | cannot be p reet the ap | prior to di iplicable | ite of filing | g or more ! | than 90 day | s after tili | ng.) Pursua | int to 605 020 of be listed a |
| he record spe ord is filed. | cifies a delayed | effective dat | e, but not | an effecti | ve time. | at 12:01 | a.m. on t | he earlier | of: (b) | The 90th | day after the |
| Dated Sept | ember 23, | | , | 2020 | // | 1 | 7 | | | | |
| - | | Sign | ature of a r | nember or | authorize | d represer | ntative of a | member | | _ | |
| | Brian Recor, At | | | | | | | | | | |

Filing Fee: \$25.00