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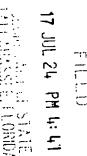
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S. WARREN 'JUL 2.7 2017

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	6400 NW 79				
300000		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Doner Garcia			
			Name of Person		
		6400 NW 79TH COURT I	LLC		
			Firm/Company		
		9240 SW 72nd ST, Unit 20	05		
			Address		
		MIAMI, FL 33173			
			City/State and Zip Code		
		donergarcia@gmail.com			
		E-mail address: (to be used for future annual report notific	cation)	
For further in	nformation co	ncerning this matter, please ca	ali:		
Doner Garci	a		786 752-9861		
-	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e 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)	

TO:

Registration Section

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

6400 NW 79TH COURT LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears o rida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability	v Company were filed on Nove	mber 05, 2015 and assigned
	y company were med on	and assigned
Florida document number 1.15000187822		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here	:
6400 SW 79TH COURT LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
County districts that the transfer of the transfer	· · · · · · · · · · · · · · · · · · ·	
	-	
B. If amending the registered agent and/or re		ur records, enter the name of the new
registered agent and/or the new registered office a	<u>aaress nere:</u>	
Name of New Registered Agent:		
New Registered Office Address:	=	
	Enter Florida	street address
<u> </u>		Florida Zip Code
	Cíty	Zip Code
New Registered Agent's Signature, if changing Regists	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of m l agent as provided for in Cha ered office address, I hereby	v duties, and I am familiar with and apter 605, F.S. Or, if this document is
	If Changing Registered Agen	Signature of New Registered Agent
	Page 1 of 3	

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 Type of Action Address <u>Title</u> <u>Name</u> _D Add _□ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add □ Remove _D Change □ Add Remove Add P _□ Change

·		
Note: If the date inserted in th	the date of filing:	optional) after filing.) Pursuant to 605.0207 , this date will not be listed as t
ne record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at 12:0 record is filed.)1 a.m. on the earlier of
July 18 Dated	2017	
		34. 3
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	
Doner Garcia	Typed or printed name of signee	FILED JUL 24 PH 4: 42 STATE STATE STATE STATE STATE STATE

Filing Fee: \$25.00