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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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S. YOUNG

COVER LETTER

TO:

	Registration Se Division of Cor		~		
etto tez	Princeton C	Crossings LLC			
SUBJEC	-1;	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
Please re	turn all correspo	Lewis Swezy	to the following:		
			Name of Person	-	
		Princeton Crossings LLC			
			Firm/Company		
		7735 NW 146th Street Sui	te 306		18 18
		47-53-5-5	Address	•	題目工
		Miami Lakes, FL 33016			FILED
		lswezy@centennialmgt.com	City/State and Zip Code	<u> </u>	ILED 117
		E-mail address: (to be used for future annual report noti	fication)	RIGHT
For furth	er information c	oncerning this matter, please of	all:		•
Brian Jai	ffe		305 821-0330		
	Name o	f Person		e Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25. 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Princeton Crossings LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	v Company were filed on 11/17/2015	and assigned
Florida document number L15000194250	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	.imited Liability Company," the designation "L	LC" or the appreviation L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	SS TO THE
	<u></u>	<u> </u>
Enter new mailing address, if applicable:		7: 1 OREG
(Mailing address MAY BE A POST OFFICE BOX)		· D
B. If amending the registered agent and/or re registered agent and/or the new registered office a		us, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
_		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>	<u>Address</u>	Type of Action
MGR	Princeton Crossings MM LLC	7735 NW 146 Street, Suite 306 Miami Lakes, FL 33016	= Add
			Remove
			Change
MGR	Lewis V Swezy	7735 NW 146 Street, Suite 306 Miami Lakes, FL 33016	Add
		 	■ Remove
			Change
AMBR	Lewis V Swezy	7735 NW 146 Street, Suite 306 Miami Lakes, FL 33016	SST GAM
			Remove :
			DA Change
		7	D Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
	<u> </u>		
			☐ Remove
			□ Change

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Filing Fee: \$25.00